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TRANSACTIONS

OF THE

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Maine Homœopathic Medical

SOCIETY

AT ITS

TWENTY-SEVENTH ANNUAL MEETING,

Vol. VII

HELD AT

AUGUSTA, JUNE 20, 1893

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TRANSACTIONS

OF THE

TWENTY-SEVENTH ANNUAL MEETING

OF THE

Maine Homœopathic Medical Society,

JUNE 20, 1893.

MORNING SESSION.

TUESDAY, June 20, 1893.

The Maine Homœopathic Medical Society assembled for its twenty-seventh annual session in the parlors of the Augusta House, Augusta, Maine, on Tuesday, June 20, 1893. At 10.30 o'clock A. M., W. L. Thompson, M. D., Chairman of the Committee of Arrangements, called the convention to order and requested Rev. J. S. Williamson of Augusta to invoke the divine blessing. The Recording Secretary then took the chair in the absence of the President, and called for a nomination for Chairman of the meeting. W. L. Thompson, M. D., was elected to the position and assumed the duties.

The roll call showed twenty-four members in attendance, as follows:—

DRS.	E. S. ABBOTT,	Bridgton.
	SOLON ABBOTT,	Biddeford.
	E. E. BRIRY,	Bath.
	M. S. BRIRY,	Bath.
	H. C. BRADFORD,	Lewiston.

C. A. Cochran,	Winthrop.
C. M. Foss,	Dexter.
J. C. Gannett,	Yarmouth.
W. V. Hanscom,	Rockland.
A. I. Harvey,	Newport.
A. P. Heald,	Thomaston.
M. S. Holmes,	Oakland.
Cora M. Johnson,	Skowhegan.
J. H. Knox,	Waterville.
D. C. Perkins,	Rockland.
J. M. Prilay,	Bangor.
R. H. Pulsifer,	Skowhegan.
W. F. Shepard,	Bangor.
W. L. Thompson,	Augusta.
Will S. Thompson,	Hallowell.
J. W. Whidden,	Portland.
Nancy T. Williams,	Augusta.
W. Scott Hill,	Augusta.
Arthur L. Parsons,	Bucksport.

Of work carried forward from the last session the reports of the Legislative Committee was called for and that Committee made report as follows:—

Dr. M. S. Briry said :—I will say that I appeared before the Committee of the Legislature when the bill to regulate the practice of medicine came up. A Registration Bill was brought forward which pretended to provide a way to improve the practice of medicine in Maine. The meeting was a large one, the discussion of the bill a very interesting one, but the Committee made no report on the bill. The bill was drawn up by a physician from Houlton. Its provisions were very indefinite. It was drawn up in a very crude manner and made no strong impression on the Committee. I believe some form of bill could be made which would work to advantage to all reputable physicians. But it is very evident that at present public sentiment is against any form of prohibitory legislation, and it is hard to make headway when quacks are able and willing to employ lawyers at three hundred dollars to

appear for them before the Committee, as they did. I was not able to talk before the Committee and cannot now. I would like to hear from Dr. Thompson. He made a strong fight against the bill though to do it he had to appear on the side the quacks were on.

Dr. W. L. Thompson:—I will say that the bill presented to the Legislature was a very cheap affair. It was puerile. There was no point in it. It provided no method at all for the enforcement of the bill if passed.

The same Committee reported that nothing had been done in the insane hospital matter as nothing had been done in the legislature about a new hospital.

The Chairman appointed as Committee on Treasurer's Accounts:—

DRS. H. C. BRADFORD,
J. W. WHIDDEN,
R. H. PULSIFER.

The Treasurer's report was presented, showing receipts for the year of $144.00, expenses of 188. 57, leaving a balance on hand of $273.52.

The report of the Treasurer was accepted and referred to the Auditing Committee, which made report as follows:—

To the Chairman and Members of the Maine Homœopathic Medical Society:—

Your Committee, to whom was referred the accounts of the Treasurer for examination, correction and approval, have attended to their duties and report the accounts correctly cast and properly vouched.

Signed H. C. BRADFORD, J. W. WHIDDEN, R. H. PULSIFER, } Committee on Treas. Accts.

The credentials of Alonzo Boothby, M. D., of Boston, and J. H. Sherman, M. D., of East Boston, delegates from

the Massachusetts Homœopathic Medical Society were presented and they were welcomed cordially and invited to take part in the discussions of the sessions.

The following were appointed by the Chairman a Committee to nominate a board of officers for the ensuing year, viz:—

Drs. M. S. Briry.
W. F. Shepard.
J. W. Whidden,
C. M. Foss,
Cora M. Johnson.

The delegates to the American Institute of Homœopathy and the International Homœopathic Congress appointed by the president, W. E. Fellows M.D., were confirmed in their appointment and called upon for their report of the convention.

W. Scott Hill reported that he attended all the sessions of the Congress and found them very interesting. The attendance was much larger than last year at Washington and all the proceedings of a more interesting character.

Dr. Will S. Thompson:—I attended the Congress and was impressed by the numbers in attendance. The roster as completed showed a registered list of nine hundred and four names of members of the Institute. It was a pleasing sight to see the foreign physicians. Their names in many cases I did not try to get. Many of them were unpronounceable to me. There was one Russian physician whose paper, read before the Congress, was given in French and was just as unintelligible to me as it would have been in Russian. My visit to the Congress has made me more proud of Homœopathy. I was very glad to see some of my old professors at Cleveland, Profs.

Biggar, Cowperthwaite, Burt. I was also glad to see Dr. C. E. Fisher of Chicago, who has lately assumed the editorship of the The Medical Century. It was most pleasant to meet many eastern men, as Dr. I. T. Talbot, Dr. Alonzo Boothby, and many others. There was a large body of men in attendance upon the Congress and they were good representatives of our school. The lady physicians in attendance who took part in the programme read very good papers.

Among them I noticed Dr. Millie J. Chapman, of Pittsburg, Pa. and Dr. Martha A. Canfield of Cleveland, Ohio. I felt well satisfied with the whole thing except the place of meeting. The building was not completed and there was a constant noise of carpenters going on. The location of the building was unfortunate also, for it was so near to several depots that very frequently the reading of papers and the discussions were much disturbed and many good things were lost to us.

Dr. Hill must have known of this at the first for he was always to be found up at the front at every session.

Dr. Alonzo Boothby :—I am glad to be here. I had occasion to come to Maine on a professional trip and prolonged my stay to meet here with you to-day. I was at the Chicago meeting. Dr. Thompson told it right. It was the largest meeting and the best we have ever had of the Institute. Many of the highest rank among the Homœopathic physicians and surgeons of the world were there, and they would take rank with any of the physicians and surgeons of any school in the world. There was a good deal of difficulty in understanding the foreign visitors and in their understanding those of other nationalities. The place of meeting was unfortunate on account

of the noise and confusion. There was quite a stir in settling on the place of meeting for next year. I tried hard to get the Institute to go to Boston next year, but couldn't accomplish it for that year, though they promised that if we would not oppose them in the selection of Denver this year they would work for us and Boston next year. We want you to go to Denver next summer and help us push this matter for Boston.

Now I want to speak a word for our Massachusetts State Society. I am proud to be its president. The meetings are held in April and October. The committees are made up from our best material and the papers are sure to be good. We want to have a two days session this fall at the October meeting. I shall try hard for it. New England ought to come to Boston (the "Hub"). They are the "spokes" you know. The same railways that carry us out to your meetings will carry you in to ours. And if you would only let us know that you are coming we will provide stopping places for you.

I was glad to see this meeting opened with prayer. It is right. And the prayer was a good one and the chaplain showed that he understood the needs of physicians and believed in them. I believe no class of people is equal to the physician in breadth of mind and heart and in self-denial. I see the ministers trust the doctors and I would trust the ministers. But I think I would trust a doctor a little further than I would a minister.

I started to practice medicine in the town of Wilton in this state, and would have to drive off in the morning seventeen miles in one direction and in the afternoon go off twelve miles in the opposite direction. It was hard work, this being at the beck and call of any one at any

time of the day or night whether paid or not. The life of a physician is one of self-sacrificing toil. Let us hope that these things will be placed to our credit when the great roll-call, a larger one than the one read to-day, shall be read.

Dr. J. H. Sherman:—Dr. Boothby says he took some pains to come to this meeting. It is a matter of some trouble to come so far from home, and especially for a physician to arrange his business so as to leave home. The question has come to me, "Am I going to get enough out of this to pay? Shall I say anything to edify you or receive enough to pay me?" It is a great pleasure to me to get a sight of the beautiful scenery, to meet again the people I knew of old, to grasp their hands, to see this grand old river with its fine scenery. It does pay me. I like to come to Maine, and I feel like making this visit to you an habitual one. I am happy to be here.

Dr. Cora M. Johnson:—I found the meetings of the Congress at Chicago very interesting and regard it as an occasion long to be remembered.

The following letter was read and acted upon.

PORTLAND, June 12, 1893.

To the Officers and Members of the Maine Homœopathic Medical Society:

I hereby resign my membership in your Society, to take effect at the meeting June 20, 1893.

Respectfully yours, S. E. SYLVESTER.

The resignation was accepted.

The withdrawal of Dr. A. F. Piper was also read, the reason given being that ill health prevented him from continuing in the practice of medicine and of attending the meetings. He requested permission to again take his place in the Society if he should regain his health. It was

voted to advise Dr. Piper to recall his withdrawal, and granting to him a continuation of membership with remission of all dues till such time as he shall have regained his health. The vote reads as follows:

Voted, That this Society desires Dr. Piper to retain his membership, recognizing, as it does, the strong stand he has always taken in the work of the Society, and that the present movement of withdrawal is induced by illness. Also,

Voted, That all dues be remitted till such time as he shall have recovered his health.

In making and seconding this motion, Drs. M. S. Briry, W. F. Shepard and W. L. Thompson spoke feelingly of the interest in, and work for, the Society that Dr. Piper had always evinced.

The withdrawal of Dr. Caroline F. Brooks, now of Independence, Iowa, was presented and accepted.

The Secretary brought up the matter of the proposed monument to Samuel Hahnemann, spoke of subscriptions already made and of plans for further subscriptions, and laid the matter before the Society for its consideration.

Dr. Boothby:—Dr. J. H. McClelland, President of the American Institute, spoke at the International Congress upon this matter and said: There is no statue to any medical man in the city of Washington. The first proposed statue is to honor the father of Homœopathy. This fact is a credit to us, and if we succeed in erecting the first statue it will be still more of a credit.

Dr. W. Scott Hill:—

[As the report of Dr. Hill is authentic, and as it is important for our Society to know the plans and proposals for this statue, the Secretary asked Dr. Hill for a concise statement by letter, and herewith presents it as Dr. Hill's word at this time. SEC'Y.]

AUGUSTA, June 25, 1893.

J. C. GANNETT, M.D.

Dear Doctor:—As there is a difference of opinion as to the action of the Institute at its last session regarding the proposed Hahne-

mann Memorial Fund, allow me to go back to the beginning. June 14, 1892, at the session in Washington, on motion of Dr. J. H. McClelland, a committee consisting of Drs. J. H. McClelland, J. P. Dake, I. T. Talbot, J. S. Mitchell and H. M. Smith was appointed to consider and report upon the subject of erecting a monument to Samuel Hahnemann. This committee reported favorably June 16, and a circular to Homœopathic physicians was issued by them, the number of the committee having been increased to seven by adding the names of Drs. J. B. G. Custis and T. S. Verdi. This committee had power to appoint sub-committees to aid in raising the fund. Dr. McClelland reported for this committee at the meeting in Chicago, May 31, that about $6,000 had thus far been subscribed toward the fund. In the discussion which followed, I understood the whole matter was in the hands of the committee, which would communicate with the Homœopathic societies and colleges throughout the country, as the best way to reach the profession. It was so noisy that I may have misunderstood them, but this action would be in harmony with the action of the Institute last year. Dr. Pemberton Dudley, the Secretary, has, of course, a correct memorandum. In regard to the pictures of Hahnemann, they are reproductions of the ones used in the decorations in Washington last year. The original was taken when Hahnemann was about fifty-five years old. All the profits from the sales are to go to the Hahnemann Memorial Fund. If I recollect aright, the prices are one, two, and four and one-half dollars. These can be obtained of Ira W. Dennison, M.D., 1114 New York avenue, Washington, D. C., for the committee. The $4.50 is a very fine one, and has to be sent by express at the expense of the purchaser; the others free by mail. The cabinet size sent out by The Stamford Hall was used without permission and has been prohibited. I should have stated that Dr. H. M. Smith, the Treasurer, reported verbally for the committee, giving an outline of the committee's plans, etc., and success. Dr. B. W. James also reported for the State of Pennsylvania that it had undertaken to raise $8,000 as its share, and that about $2,000 had been pledged; and then came Dr. McClelland's report as already given.

Fraternally, W. SCOTT HILL.

Dr. W. F. Shepard:—It seems to me that it would be a good plan for our state Society to take some action as a Society and make a subscription from the funds of the Society in addition to the subscriptions of individual members. I believe the Massachusetts Society has taken action upon the matter and has chosen a committee of twenty-five with the Junior Vice-president as chairman, to work upon the matter.

At this point the Censors made report as follows in regard to applicants for membership:—

The Censors have examined the credentials of the following applicants and recommend them for membership in the Society:

HENRY B. ESMOND, M. D., of Houlton, Me., a graduate of the Buffalo Medical College, Buffalo, N. Y., 1886. Afterward studied Homœopathy in the New York Homœopathic Medical College.

C. ALMON PAUL, M. D., of Solon, Me., a graduate of Hahnemann Medical College, of Chicago, Ill., 1889.

BELLE SHEPPARD AYERS, M. D., of Rockland, Me., a graduate of Hahnemann Medical College, Chicago, Ill., 1890.

Signed H. C. BRADFORD, W. V. HANSCOM, J. M. PRILAY, } Board of Censors.

On motion,

Voted, That the appointments for the Scientific Bureaux be left to the present Secretary, Dr. J. C. Gannett, who makes up the transactions.

Dr. J. W. Whidden introduced to the Society Henry A. Kelley, D. M. D., Vice-President of the Maine Dental Society and associate Professor of Operative Dentistry at Harvard University, who read a paper entitled "Some Dentistry Physicians Should Know." This paper called forth a lengthy and very interesting and profitable discussion, at the close of which, the dinner hour having arrived, the Society adjourned to meet again at 2.30 o'clock P. M.

AFTERNOON SESSION.

The Society was called to order at 2.45 o'clock, and the report of the Bureau of Materia Medica was called for.

E. E. Briry, M. D., of Bath, read a paper on "Eupatorium Perfoliatum."

D. C. Perkins, M. D., of Rockland, read a paper entitled "A Study of Asterias Rubens."

For the Bureau of Clinical Medicine three papers were presented, as follows :—

J. M. Prilay, M.D., of Bangor, presented a paper entitled "Some of my Failures."

W. F. Shepard, M. D., of Bangor, read a paper entitled "A Few Clinical Cases."

J. H. Sherman, M.D., of East Boston, Mass., read a paper on "Faith as a Healing Power, or the Mental Cure of Disease."

Free discussion.

For the Bureau of Surgery three papers were presented, as follows :—

Solon Abbott, M. D., of Biddeford, presented a paper entitled "Orificial Surgery and its Relations to Disease."

J. W. Whidden, M. D., of Portland, read a paper on "Rigidity of the Os Uteri.—A Case with its Surgical Treatment."

Dr. Whidden on closing his paper introduced Dr. Alonzo Boothby, of Boston, and asked him to give a talk, surgical or otherwise. Mr. Boothby responded. (His talk is given in the discussion following Dr. Whidden's paper in Part Second.)

E. S. Abbott, M. D., of Bridgton, detailed the history of "A Case of Epithelioma treated with Arsenicum."

For the Bureau of Ophthalmology, Otology and Laryngology one paper only was presented, as follows:—

W. V. Hanscom, M. D., of Rockland, read a paper on "The Study of the Eye in Relation to General Diseases."

Dr. Gannett:—After our last meeting I sent notices concerning the action of the Society to the families of the two members whose deaths we noticed in our transactions. From Mrs. Roberts I have received the following communication. It may be interesting to know how she feels about it, and also how she feels about another little matter.

355 Boylston St., Boston, Mass., Apr. 6, 1893.

James C. Gannett, M. D., Rec. Sec. M. H. M. Society.

My Dear Sir:—A copy of resolutions passed by the Maine Homœopathic Medical Society in Convention June 7, 1892 and received by me July 6, upon the death of my late husband Dr. F. A. Roberts, was most gratefully received. I keenly feel the loss I have sustained, and the resolutions accord with my feelings. They also express to me that he was held in high esteem by the medical fraternity in the state. I am in receipt of numerous expressions from friends far and near, which indicated to me that the community in which he lived feel a great loss by his departure. These many expressions of his worth and sympathy to me, which come in this time of my great sorrow and loneliness are very agreeable.

Long continued ill health and almost total deprivation of the use of my eyes, have kept me from replying to your comforting resolutions. I have now resolved to delay no longer, so have dictated this to be type-written.

Sometime in February last I learned through my late husband's relatives that his picture was being used to advertise the Skoda remedies. The news prostrated me to a degree of taking my bed. The using of his photograph was done without my knowledge or consent, and I took steps to have it discontinued at once. So far as I know it has been done, but if any member of the Maine Homœopathic Medical Society knows of the picture being used to adver-

tise these or any other patent medicine, I shall be grateful indeed to be informed of it.

Again thanking you sincerely I remain,
Very respectfully,
MRS. MARY F. ROBERTS.

Dr. Thompson:—I would like to say that that picture is still being used with indorsement from him of Skoda's remedies.

Dr. Knox:—I think if she knew of its being used or the Doctor's uncle who looked up that matter knew of its being used they would prosecute them. I think they will do it. I told him I would let him know if I knew of it. I have not seen anything of it since that summer. I supposed it was done with. She went to Belfast this spring and told them if it was not discontinued she would certainly prosecute them. The Doctor who married her sister is one of them. I supposed she had made arrangements with him and they had discontinued it. If they are using it they want to know it, and will prosecute, I think.

The Secretary read a communication to the effect that the New Hampshire Homœopathic Medical Society was in session that Tuesday evening and the next day, at Concord, N. H. He was directed to send the greetings of the Maine Homœopathic Medical Society to the New Hampshire Homœopathic Medical Society, which was done as follows:—

AUGUSTA, ME., June 20, 1893.

ARTHUR F. SUMNER, M. D., Concord, N. H.

The Maine Homœopathic Medical Society are holding a rousing meeting to-day. We give the New Hampshire Homœopathic Medical Society a cordial greeting, and wish for them a better session than ours.

Signed, J. C. GANNETT, M.D.,
Recording Secretary.

Dr. J. W. Whidden referred to the absence of our President, and of its cause lying in the fact of the death of his wife, and suggested the thought that the Society take some action showing its sympathy for Dr. Fellows in his bereavement.

Dr. A. I. Harvey agreed heartily with this thought, and moved that a committee of three be appointed to draw up some expression of sympathy, and that Dr. Whidden be its chairman.

This committee was appointed as follows:—

DRS. J. W. WHIDDEN,
A. I. HARVEY,
J. M. PRILAY.

The committee reported the following as embodying the sentiments of the Society.

AUGUSTA, ME., June 20, 1893.

The Maine Homœopathic Medical Society, assembled in convention, desires through its committee to extend to President Fellows, whose face and voice are missed by the members at the meeting, its sympathy for him in his recent bereavement.

Those who were fortunately acquainted with the wife, so suddenly taken away, will understand the crushing blow to the husband, whose helpmeet, companion and mainstay she was.

Those members who have not been charmed by her bright smile and hearty greeting will *feel* the sadness that has come into his life.

All unite in the hope that strength will be given him to bear with fortitude this great sorrow.

Are shadows falling? There is light above.
Do storms descend? The sun will shine again.
And so we recognize the hand of Love
That guides us gently through a life of pain.

Signed, J. W. WHIDDEN, A. I. HARVEY, J. M. PRILAY, } Committee.

The committee appointed to nominate a list of officers for the ensuing year reported as follows, viz.:

To the Officers and Members of the Maine Homœopathic Medical Society:

Your Committee on Nomination of Officers for the ensuing year beg leave to report as follows:

President—JAMES C. GANNETT, M.D., Yarmouth.
First Vice President—EDWIN F. VOSE, M.D., Portland.
Second Vice President—WILL S. THOMPSON, M.D., Hallowell.
Recording Secretary—CORA M. JOHNSON, M.D., Skowhegan.
Corresponding Sec.—RALPH H. PULSIFER, M.D., Skowhegan.
Treasurer—SOLON ABBOTT, M.D., Biddeford.

BOARD OF CENSORS.

Drs. H. C. BRADFORD, Lewiston.
W. V. HANSCOM, Rockland.
M. S. HOLMES, Oakland.
J. M. PRILAY, Bangor.
GERTRUDE E. HEATH, Gardiner.

COMMITTEE ON LEGISLATION.

Drs. A. I. HARVEY, Newport.
W. L. THOMPSON, Augusta.
M. S. BRIRY, Bath.
J. W. WHIDDEN, Portland.
J. H. KNOX, Waterville.

Respectfully submitted,

M. S. BRIRY,
W. F. SHEPARD,
J. W. WHIDDEN,
C. M. FOSS,
CORA M. JOHNSON,
} Committee on Nominations.

The report was accepted and the officers elected as reported by the Committee, the Secretary casting the ballot for all.

For the Bureau of Gynecology four papers were read, as follows:—

Lyman Chase, M. D., of Kennebunkport, presented a paper, through the Chairman, entitled "Thoughts on Gynecology."

W. Scott Hill, M. D., of Augusta, presented a record of "Some Cases in Gynecology."

Discussion.

Cora M. Johnson, M. D., of Skowhegan, read a paper entitled "Caulophyllum in Dysmenorrhœa."

Discussion.

E. S. Abbott, M. D., of Bridgton, presented a paper entitle "A Few Every Day Cases."

At this point the Society adjourned to meet at eight o'clock.

EVENING SESSION.

The Society convened at 8.15 o'clock P. M. and at once entered upon its work with a call for the report of the Bureau of Sanitary Science. For this Bureau two papers were presented, as follows:—

S. P. Graves, M. D., of Saco, presented a paper on "Sanitation."

James C. Gannett, M. D., of Yarmouth, read a discussion of the methods for the "Disposal of the Dead."

For the Bureau of Obstetrics there were no papers but a full and free Discussion of Some Procedures in Obstetrics was engaged in by the members generally. (This will appear in Part II.)

On motion it was

Voted, To meet in Augusta, the first Tuesday in June, 1894.

Voted, That the thanks of the Society be extended to Mr. A. W. Thayer, landlord of the Augusta House; to the Rev. J. S. Williamson for services as Chaplain; to the Maine Central Railroad

for reduction of fares; to the visiting Delegates; to the Committee of Arrangements; and to the Chairman, W. L. Thompson, M.D., for efficient services rendered.

Voted, That the physicians of Augusta, with Dr. Will S. Thompson, of Hallowell, be the Committee of Arrangements for the coming year.

Voted, That Drs. J. C. Gannett, of Yarmouth, and J. W. Whidden, of Portland, compose the Committee on Publication.

Voted, That Alonzo Boothby, M. D., of Boston, be made an honorary member of this Society.

Dr. Boothby, in accepting this membership, said:—

Mr. Chairman, Ladies and Gentlemen:—

Maine is my native state. I was born here, or some ways north of here. I have been in Augusta frequently since I left my home. I have a great interest in Maine. I believe it is the best place in the world to be born in and almost the best place to live in, the best except Boston. I have had a very pleasant day with you. I had to make a little effort to get here, but after getting here I forgot everything else but this meeting. I have been very much interested in the meeting, and really I feel proud of the Homœopathic physicians in Maine. I have never met them as I have met them to-day. I have met Dr. Whidden, Dr. Thompson and Dr. Vose before. I know quite a number of the young men who studied in Boston. They have had the misfortune to listen to some of my talks even more than to-day. I believe the work of these meetings is well conducted here, but you ought to stir one another up and do even better work. Now we see that such a paper as has just been read requires a good deal of study and thought and I believe if you are going to do anything that is the way to do it. You have no right to come here n d occupy the time of a good many without you have put

a good deal of thought into your productions. There is nothing that helps physicians so much as to have gotten a few ideas themselves, and try to communicate these to someone else. You will strengthen yourselves and find out your weak points in this way more than any other. I trust you will not only do as well but will go on to perfection. I want to invite you all to come to Boston. We shall be very glad to have any of you come. If you will only let me know I will help you to get a good place to spend the night in and have a good time with us there. As for Dr. Thompson, I should like to have him come and have him stop with me.

Dr. Gannett:—I want to give Dr. Boothby a little information; Art. 10 of the By-laws says: (Art. 10 read by Secretary, may be found in Part II.)

Dr. Boothby:—I shall endeavor to comply with that. My intentions are good.

Dr. Thompson:—It is with a good deal of reluctance that I feel obliged to leave you, but I know you will excuse me when I tell you my only daughter is to graduate this evening from the high school and she will feel very much hurt if I am not there to see her. Therefore I will call to the chair Dr. W. F. Shepard.

Dr. Gannett:—Our Chairman has requested me to make a list of the delegates to the several New England State Societies, which I have done, as follows:—

NEW HAMPSHIRE.

DRS. J. T. G. EMERY, South Waterboro.
SOLON ABBOTT, Biddeford.

VERMONT.

DRS. A. I. HARVEY, Newport.
A. P. HEALD, Thomaston.

MASSACHUSETTS.

DRS. J. M. PRILAY, Bangor.
H. C. BRADFORD, Lewiston.

RHODE ISLAND.

DRS. W. S. THOMPSON, Hallowell.
N. T. WILLIAMS, Augusta.

CONNECTICUT.

DRS. E. E. BRIRY, Bath.
D. C. PERKINS, Rockland.

Appointments to the several Scientific Bureaux, were made as follows, viz :—

MATERIA MEDICA.

DRS. SOLON ABBOTT, Biddeford, Chairman.
C. M. FOSS, Dexter.
M. S. HOLMES, Oakland.
ANNA G. C. OHLER, Portland.
W. F. SHEPARD, Bangor.
M. S. BRIRY, Bath.
LYMAN CHASE, Kennebunkport.
N. G. H. PULSIFER, Waterville.
J. M. KING, Damariscotta.
D. S. RICHARDS, Richmond.
R. L. GRAVES, Saco.

CLINICAL MEDICINE.

DRS. A. I. HARVEY, Newport, Chairman.
E. S. ABBOTT, Bridgton.
G. A. CLARK, Portland.
H. C. BRADFORD, Lewiston.
S. P. GRAVES, Saco.
E. H. DURGIN, Searsport.
L. C. JEWELL, Cape Elizabeth.
G. P. JEFFERDS, Bangor.
CORA M. JOHNSON, Skowhegan.
NANCY T. WILLIAMS, Augusta.

Drs. W. L. Thompson, Augusta.
A. L. Parsons, Bucksport.

SURGERY.

Drs. A. K. P. Harvey, Lewiston, Chairman.
E. F. Vose, Portland.
M. C. Pingree, Portland.
C. C. Morrison, Bar Harbor.
W. M. Haines, Ellsworth.
F. A. Gushee, Appleton.
D. E. Seymour, Calais.
M. K. Dwinell, Waterville.
H. B. Esmond, Houlton.
T. N. Drake, Pittsfield.

OPTHTHALMOLOGY, OTOLOGY AND LARYNGOLOGY.

Drs. W. V. Hanscom, Rockland, Chairman.
A. F. Piper, Rockport.
Gertrude E. Heath, Gardiner.
W. M. Pulsifer, Skowhegan.
E. D. Merrill, Dover.
W. C. Stilson, Bucksport.

GYNECOLOGY.

Drs. W. E. Fellows, Bangor, Chairman.
A. D. Bowman, Lewiston.
J. W. Whidden, Portland.
W. B. Perkins, Malden, Mass.
D. C. Perkins, Rockland.
Belle S. Ayers, Rockland.
A. P. Heald, Thomaston.
E. E. Briry, Bath
C. S. Philbrick, East Corinth.
A. D. Ramsay, Montville

SANITARY SCIENCE.

Drs. R. H. Pulsifer, Skowhegan, Chairman
Will S. Thompson, Hallowell.
C. R. Cole, Rockland

Drs. C. A. PAUL, Solon.
J. T. G. EMERY, South Waterboro.
M. W. B. STEVENS, Auburn.
W. F. CLEAVELAND, Eastport.
F. O. LYFORD, Farmington.

OBSTETRICS.

DRS. J. M. PRILAY, Bangor, Chairman,
J. H. KNOX, Waterville.
B. C. WOODBURY, Patten.
J. W. SAVAGE, Bath.
W. B. WHITING, Malden, Mass.
D. P. FLANDERS, Belfast.
HULDAH M. POTTER, Gardiner.
C. A. COCHRAN, Winthrop.

The Secretary read by request a letter written to one of the agents of the Company, showing that the Kennebec Mutual Life Insurance Company, having its head office at Waterville, was discriminating against Homœopathic physicians in the matter of medical examinations of applicants for insurance, and that a member of this Society, in good standing, has been so discriminated against in several instances. The matter was brought to the attention of the Society for action if thought best.

Dr. A. I. Harvey:—I don't know what action Dr. Thayer has taken in regard to others, but I have examined for the Kennebec Mutual Life Insurance Company for some time. A gentleman came to me in the first place and asked me if I would examine for the Company. I informed him that Dr. Thayer was a very rigid man, and would not have anything to do with Homœopathic physicians. I said "That lets me right out. You tell Dr. Thayer that I am a Homœopathic physician and I want him and you to understand it. If he wants anything of

me he takes it as from a Homœopathic physician." The result was that this gentleman went to Dr. Thayer, and I was immediately appointed, and I have sent quite a number of examination papers to him, and have never heard anything from him since. I don't like the stand he has taken with Dr. Abbott, and I don't like the stand he has taken in other cases but he certainly has not quarreled everywhere.

Dr. Hanscom:—I would say that I have been appointed by Dr. Thayer of Waterville, as examining surgeon for this insurance company and have examined a large number of applicants, and why he should draw the line with respect to Dr. Abbott I can't understand. I believe all insurance companies, as a rule, exclude Homœopathic physicians as examiners.

Dr. Solon Abbott:—The Mutual Reserve Life Insurance Company has said that examinations by Homœopathic physicians were better than those made by other physicians.

On motion, it was

Voted, That it is the sense of this meeting of the Maine Homœopathic Medical Society that the Kennebec Mutual Life Insurance Company, through its Medical Director, in refusing to accept medical examinations made by reputable Homœopathic physicians in applications for life insurance, is committing an act unworthy an honorable organization; that we deprecate such evidence of sectarianism; and that, if continued, we cannot but advise our friends against becoming its patrons. Also, that a copy of this vote be sent to the above Company.

Adjourned at 10.30 o'clock P. M.

Attest:

JAMES C. GANNETT,

Recording Secretary.

ARTICLE I.

Some Dentistry Physicians Should Know, by Henry A. Kelley, D. M. D., of Portland.

Deeply interested as I am in my profession and yours, I am much pleased to appear before you to discuss the above subject. Perhaps I may say to teach you, for I presume in this day of specialization every general practitioner of medicine knows more of each and every other specialty than of dentistry. Why this should be I think none of you can answer nor can I, except I may say, that all medical schools with which I am familiar, are particularly negligent in their teaching of this department of medicine, or I would not address you as I do to-day.

When I was called upon at your outing at Great Diamond Island to make a few after-dinner remarks you may remember I digressed from the usual light, pleasing speech usual to short after-dinner efforts, to talk seriously upon my chosen profession and its relation to yours. Had I then known it was to be my privilege to address you at your next serious meeting I should have then spoken in a different vein. But I had a subject I wished to present to you, and all earnest men believe in seizing the present moment for they know not when, if ever, the occasion may again present.

But I am using precious time in these remarks when there is far too little for me to impart to you the dentistry I would have you all know. And first I would say a few words on the relation of medicine to its specialties and more especially to the particular specialty of dentistry. Oliver Wendell Holmes in "Over the Tea Cups" makes the young doctor say "A great city must have a limited

number of experts, each a final authority, to be appealed to in cases where the family physicion finds himself in doubt. There are operations which no surgeon should be willing to undertake, unless he has paid particular, if not exclusive, attention to the cases demanding such operations."

Now if you meet with a case of severe headache, we may say, that you trace, or believe you trace, to some defect of the eyes, you readily send the patient to an eye and ear specialist. You believe he knows more about it than you, for he has given his whole time and study to this particular part of medicine. You would not take out a diseased eye; you would call in consultation the specialist, in hopes it might be saved. It is my desire to give you at this time, at least enough knowledge of dentistry that you may feel the worth of a tooth as well as an eye, the fitness of the dentist to be called in consultation in all diseases of the teeth and their adjacent parts, coming under the specialty of dentistry, and to fit you to diagnosis and treat emergency cases.

The first dentistry that presents itself is, of course, the cutting of deciduous teeth. As for lancing the gums in the eruption of the teeth, I cannot here stop to consider the pros and cons of the argument. I will only say that the dental profession is comparatively a unit in favor of lancing, where difficulty in eruption is experienced by the child. I would say a word as to the operation itself. Care should be taken not to use too much force or injury may result to the developing tooth which, at this stage, is not very hard. A simple cutting without reference to the needs of the case, that is, the form of the underlying tooth, cannot result in the degree of relief we should expect. If

the tooth is one of the six incisors it simply requires a division of the gums in the curve of the arch. If a molar, a crucial incision should be made, the point of decussation being the center of the tooth, as nearly as we can locate it. The point of the lance should be directed toward the lips rather than toward the tongue, as there is less danger of injury to the crypts of the permanent teeth.

After the eruption of the temporary teeth, what shall be our treatment of them? In the first place, as soon as the child has one tooth it should have a tooth brush to play with. But of the cleaning of the teeth I will speak later. In a general way I think the temporary teeth should have the same careful consideration the permanent teeth have. Can anyone suggest why, if it is desirable, by filling and other treatment, to save the permanent teeth from disease and thus save ourselves pain, it is not advisable to so treat the temporary teeth, and thus save the child from pain he is not so well able to suffer as we are? And with proper treatment they should be in a good state of repair when the developing teeth below loosen them and demand their extraction. And again, there is the question of change of jaw, of irregularities of the permanent teeth, caused by injudicious early extraction that must be considered. Advise thorough cleaning of the little one's teeth and visits to its dentist every four months, and I think there will be very little pain from the teeth for them to stand. We have a very simple treatment for the temporary teeth and especially those situated in the back of the mouth. I allude to the Nitrate of Silver treatment.

Now, after we have the temporary teeth in place, and before the eruption of the permanent, at the sixth year or

thereabouts, the child erupts its first molars, often called, to fix the time of appearance, the sixth year old molar. It is, of course, really the first of the permanent set, but as the central incisors of the inferior set are generally supposed, by the people, to be the first of the permanent teeth, this tooth escapes notice and is far too often lost beyond recovery before recognized as a permanent tooth. Whole papers have been written upon this tooth, but my suggestions must not occupy more than a page or two, and as there is much difference of belief and practice in regard to this tooth, I can only state my ideas, still assuring you I do not advance to you theory or practice that is not followed by at least a large part of the best of my profession.

I would first impress upon you the fact that this is the first of the permanent teeth; for while the second molar will, if the first be early extracted, move up quite into the place occupied by the first, still there is properly no second tooth that erupts where the first molar does. You may notice it presents the largest coronal surface of any of the teeth, and when we see so many third molars or wisdom teeth of faulty structure or not erupting at all, I think you will agree with me that there are two sides to the question "Should first molars be extracted?" Surely, and all the dentists are one minded in this, they *must* be retained until the permanent bicuspids are developed, in order to keep the jaws properly apart. And this time, after the eruption of the bicuspids, is the most advantageous for extracting the first molar, for then the bicuspids are in position and it is still three years before the second molar presents and the second molar will, during that three years, move forward and often so perfectly occupy

the space of the first molar that it is impossible to say a tooth has been extracted. The benefits and evils of extracting this tooth I cannot now consider. I trust I have said enough to impress you that it is a permanent tooth and should be early recognized as such; that it is valuable for three years *surely* and well worth anything to save it that long. Beyond that it may be a question to consider.

Of course the most frequent disease of the teeth is caries. The modern theory of caries is a combination of the acid and germ theories of the past. That is, the enamel is first attacked and penetrated by the acids of fermentation. After the destruction is thus begun it is carried on by bacteria. Our lesson from this theory is, it is not the sugar, starch, acids, etc. we take into our mouth that causes caries, but letting them remain in contact with the teeth to ferment, form the acids of fermentation and thus decalcify the enamel and form pockets for the retaining of more matter to ferment. Eat all the sugar, candy, etc. you wish (so far as the teeth are concerned), *but* clean your teeth thoroughly after the eating.

You have an adage "for every child a tooth," supposed to apply to woman and childbirth. I would follow this idea and consider with you the care of the teeth and especially the care of the teeth of invalids. (Explains cleaning.)

I would have you regularly place these ideas in your instructions to the nurse of your patient and you will see, or more likely the dentists of your patients will see, your patients coming through long sicknesses in much better dental condition. Whether the patient is taking food or not the mucus must be removed. There is no reason except neglect why a child should cost a tooth.

Now there is usually nothing about caries of the tooth that tends to limit itself. It must be surgically treated and of course by removing the diseased material and substituting an artificial plug to prevent farther lodgment of food. So the next idea I would leave with you is to use your influence, as supplemental to the patient's dentist, in securing regular visits to the dentist at periods of not more than six months.

If caries is allowed to advance it will sooner or later affect the pulp of the tooth, and then you may be called to stop an aching tooth. Your first care will be to listen to the patient's history of the tooth. If the patient locates the tooth, and upon examination of the indicated tooth you find a cavity begin to question like this. Is the tooth sore to the touch or has it an elongated feeling? With some instrument tap the tooth. This is to determine whether the pain comes from the outside or the inside of the tooth. It is necessary in order to correctly diagnose a case of toothache to understand the following two points. All pains, generally speaking, caused by hot and cold things, by sweet or sour things, are due to an affection of the pulp; that is, the pulp is more or less alive, While those caused by percussion, and usually this pain is aggravated by hot things and relieved by cold things to a certain extent, are due to inflammation of the root membrane—the peridental membrane. Therefore if the tooth is sore to percussion, if there are signs of inflammation about the gum over the affected tooth, if it has an elongated feeling and is loose, etc., you know you have a dead tooth that is either ulcerated or on the road to it.

What such a case as this needs is vent and drainage. If there are any signs of an ulcer pointing up on the gum

over the root lance and evacuate the pus. If not as soon as possible get the patient to a dentist that he may open into the pulp cavity and almost immediate relief will follow. If a dentist is not at hand apply counter-irritants, as capsicum plasters, painting the gum over the root of the affected tooth with tincture of iodine and aconite, blood letting, etc. It is not a difficult operation to open the pulp chamber to give the pus and gas an escape, and you may be able to accomplish it. If these remedies fail you must resort to the forceps, unless your patient is willing with the aid of morphine to suffer until the ulcer has formed and discharged. This can of course be hastened by the use of a poultice either inside the cheek, as a capsicum plaster constantly worn, or outside, being of course careful in the use of an outside poultice. But remember, given a dentist of average ability with the instruments, and an ulcerated tooth can be cured and restored to usefulness, and especially if it is discharging by a sinus does the operation become simple.

Now supposing the ache is caused by hot or cold, sweet or sour things getting into the cavity. Then you know you have an affection of the pulp. Your pulp is alive but may be in any one of the following conditions, irritated, inflamed, or suppurating. Of course at this time I do not make fine divisions, and in a general way the treatment for you to follow in all these cases is to take an instrument and remove as much of the decay as possible, using a light hand and remembering you have nerve tissue right under this decalcified matter, and that therefore all pressure must be avoided. It is possible you may be able to cut right down to the exposed pulp and this is much to be de-

sired. Now wash out with warm water and apply on a pellet of cotton a mixture of equal parts of oil of cloves and creosote full strength, covering this with a pellet of dry cotton. Wait a moment and remove and repeat and continue this until pain ceases leaving this dressing in the cavity finally. This is a magic cure and almost sure to relieve pain until your patient can see the dentist, whose place it will be to decide whether the pulp should be capped or destroyed. This sore dead tooth and this inflammation of the pulp are by far the commonest of aching teeth. I trust I have made clear the diagnosis of each, so different from each other, and the proper temporary cure. The cases of odontalgia of more difficult diagnosis I cannot touch upon in this far too short time, but above all things if you do not know *what* to do, do *nothing*. Don't go to work extracting first this and then that tooth in hopes you may relieve the pain, but call a dentist in consultation and remember that every tooth is *valuable*.

This it seems to me is as far as it is advisable for you, with your lack of manual training that a dentist must have, to attempt to go in operative dentistry.

Some instruction and some experience I presume you have all had in extracting, and I care not to pursue that subject. If a tooth has to come out, I mind the physician nearly always gets there; though I dare say I could give you some points that would help both you and your patients.

There is another condition I would have you recognize and one far too often overlooked even by dentists. I mean the various forms of disease caused by deposits of tartar on the teeth. This is another subject fit for a paper. When you find, in looking into the mouth of your

patient for whatever cause, the gums all inflamed you may see, or an examination will demonstrate, a vast amount of irritation, caused by accumulations either above the gum or under it. If this disease is allowed to run its course the teeth become loose and like summer roses fade away one by one. The operation for the cure of this disease is so difficult that it is useless for me to try at this time to instruct you in its detail. But the disease can be cured, or at least held in abeyance, provided we have the assistance of the patient. See to it as physicians having charge of the health of the patients that this condition is recognized and treated.

And now I would conclude with some reference to the question of mercury as used by the dentist, and I would have you pay especial attention here for it is charged to your door, as Homœopathists, that you are conducting yourselves like men of little sense in this matter. I presume I am now upon dangerous ground and must proceed with caution, but yet fearlessly.

As I understand the position of the men that object to our use of mercury, they claim that the mercury in our amalgams both acts upon the system as your provings indicate mercury to act, and at the same time counteracts or influences the action of various drugs you prescribe. I trust I am placing this correctly.

Gentlemen, do you wonder we dentists think you have gone crazy when we know, as you should know, that the mercury in use in our amalgams is in such close combination that none of it can be absorbed into the system.

And even if it was all absorbed in a day a man would not get more than an average dose. As for the mercury in the rubber plates no mercury is used now. It was for-

merly used as a coloring matter in the bright red rubber. To-day most dentists use a maroon rubber whose coloring matter is sulphite of antimony. The inflamed mouths we see under rubber plates are caused either by a poorly fitting plate, causing constant irritation or from the heating of the mouth under the plate. Rubber being a poor conductor of heat and cold you will readily see how this may be.

The first condition only needs for its cure a perfect fitting plate. For the second a plate of good conducting metal must be substituted.

I thank you for the honor of this audience; I am pleased with the frequency of the occasions where dentists read papers before medical societies and vice versa; and I trust we may all work together for the health of humanity.

DISCUSSION.

Dr. J. W. Whidden:—It is in response to an invitation from me that Dr. Kelley has come here to-day and read to us this practical paper, and I am very glad that he has done it. I move that we give him a vote of thanks for it and that it be published in the transactions with his consent.

Dr. J. H. Sherman:—If I remember rightly, there was quite a stir some years ago in regard to poisoning by means of the rubber plates used for teeth. I think Dr. Eliphalet Clark of Portland wrote a paper on the subject, which was published in some one or more of the journals of the time. He attributed the trouble in these cases to the mercury contained in the rubber of which the plates were made. This paper just read to us shows things dif-

ferently. Dentists have said that these troubles are caused by uncleanliness.

Dr. Kelley:—I see I have got on dangerous ground in opening up this subject for discussion. I cannot see why physicians should say so much against amalgam fillings. I have been led to think that the strongest opposition has come from Homœopathic physicians, but not all of it, I assure you. Oftentimes I know the troubles are relieved after such fillings are taken out, and some of such relief seems a kind of mind cure. The physicians are thereby encouraged to think they have got at the root of the trouble. It seems to me time that physicians and dentists had a clear understanding of the matter from both sides, for then we could modify our practice to agree with the conclusions. In many cavities the amalgam is the best material for fillings. In answer to a question Dr. Kelley said that it was a teaching among dentists that just in proportion as a tooth needed saving, in just such degree should gold as a filling be kept out of it.

Dr. Whidden:—I am surprised to know there is so much objection to this thing among physicians. It seems to me that it must be in some society or branch holding peculiar views, and not among physicians generally. I must say I didn't know that such a sentiment existed, or to such an extent, as the Doctor's paper would lead us to think. I am glad to know that it is so, for it is a thing for us to combat. Homœopathy is not a system to harbor such things, nor is it a part of its creed to be so narrow-minded.

Dr. Alonzo Boothby:—I am afraid Brother Whidden hasn't seen some extreme Homœopathists. There are some who are opposed to anything. I think this is a good dis-

cussion. Medical societies often try to discuss too big things, and so fail of getting the good of them. There is a good deal of drudgery to the work of a doctor, and we all try to get out of some of it when we can, and so probably we fail to find the causes of disease conditions because we don't look carefully enough. Oftentimes the trouble lies not in the plate itself, but in the want of care of it. A lack of cleanliness of the plate, as shown by the smell of it, may have more to do with the sore mouth or other difficulties than the mercury in the rubber plate. These plates are difficult to clean and require particular care to make and keep them sweet and free from hurtful conditions. We may get trouble from any filling as well as from any kind of material. Remove the filling and relief will come. It may be that a tooth that was filled a long time before begins to give trouble. This comes from the fact, perhaps, that the decay has gone on a little and has allowed of the entrance into the cavity of a very slight quantity of septic matter. It is confined and of course begins to do hurt. A small amount of pus confined in a small place will do lots of injury and give lots of pain. Where there is a large sloughing surface without pressure, often the amount of suffering will be small in comparison. If the operation is that of a poor dentist and the cavity has not been thoroughly cleansed before filling, decay may progress after filling. Of course the cavity cannot admit poison from without if properly filled. Don't let us try to live on absurdity. If we can't find ways to get business except by attributing things to impossible causes we had better stop trying. If we are assured there can be no chance of a poison, or absorption of morbid matter, we must look elsewhere for the cause. If there is trouble

that we cannot find, we should send the patient to a dentist.

Dr. Kelley:—That is just the point. If a physician has a patient with trouble in a tooth he should send the patient to a dentist, let him examine into the case and see if the trouble is in the cavity. It may be the pulp is inflamed. Ordinarily the dentist will locate the trouble. The filling should be of non-conducting material. The cavity may need further excavating, for it may not have been properly excavated at first. There may be an abscess at the root and the pulp chamber may require cleansing. The dentists try to treat such cases on scientific lines, caring for the diseased condition in a thoroughly antiseptic manner, and then properly filling the cavity. Sometimes people come to us wanting the amalgam fillings taken out. They will not have them remain because they have heard that they are injurious on account of the mercury they contain. There has been a good deal of discussion of this matter in dental societies. In answer to a question as to whether he would discard gold as a filling, Dr. Kelley said he would not at present. Gold will some time be discarded, and for several reasons. It is not a good-looking filling. It is hard to work well, and it is difficult and tiresome to both patient and dentist to fill the cavities with it. If the tooth is soft and there are no good points for the filling to rest on, the more easily worked materials, such as amalgam, will do better. At present gold is almost entirely used for front fillings. Many dentists discard all other filings first, preferring gold always.

Dr. M. S. Briry:—Am I to understand that Dr. Kelley thinks that amalgam fillings do not affect the health? It

is known that Mercury in very small doses, even in the thirtieth potency, has shown its effects. The wear on the fillings at each meal would be a thousand times greater than the amount of Mercury in the thirtieth potency. Dr. Foote has recorded many cases of nervous diseases which he attributed to the fillings in teeth. Can't we find some substance which will be good for these fillings and not have these objectionable features?

Dr. Kelley:—Amalgam alloy is usually composed of silver and tin with a little gold, zinc and copper. These are melted and mixed and then cut up into little particles. In filling, these filings are rubbed up with mercury.

Dr. Boothby:—I am not a very good Homœopath in some ways I am afraid, but it seems to me Doctor Briry hasn't looked at it just right. Are not our dilutions run up by repeated dilutions gradiently? The amount worn off at each meal from an amalgam filling is not a dilution, but a particle of the crude drug or material and as such would not have the effect of the comminuted particles. There are lots of men putting Homœopathy in a ridiculous light by their theories. We want to stand on the realities of Homœopathy. If they believe in dynamic force let them have it.

Dr. J. C. Gannett:—It may be the trouble has been that physicians have too often attributed to the materials used for filling, effects which may have their cause in other conditions, such as imperfect work in doing the filling, want of care of the teeth, uncleanliness, etc. Perhaps we are too ready too make a scape-goat of the dentist.

ARTICLE II.

EUPATORIUM PERFOLIATUM, BY EDWARD E. BRIRY, M.D. OF BATH.

The Thoroughwort or Boneset of the Pharmacopœia. This species of perennial shrub life is a member of the largest family of flowering plants, the Compositæ. It attains a height of two to four feet; has lanceolate, serrated and somewhat wrinkled leaves, five to eight inches in length ; and its flat or convex flower-clusters may be seen everywhere in the low lands of this country. From earliest times a bitter infusion of the leaves has been used, and the allopathic materia medica mentions it as a panacea for bilious fevers, agues, and all miasmatic diseases.

Our knowledge of its physiological properties is derived chiefly from provings reported by Williamson. Further observations have been added by Hale, Dunham, and Hughes.

Among the more prominent symptoms attributed to this drug we find:

Head:—Great soreness and throbbing in occiput; intense ache in left side of head; headache feels better indoors, worse by going into the open air.

Eyes:—Yellowish sclerotica; painful soreness of eyeballs; intense pain darting through the eyes.

Face:—Pale; anxious countenance.

Tongue:—Coated thick yellow, or dirty white.

Stomach and Abdomen:—Loss of appetite; great nausea; nausea from least motion; violent vomiting after drinking; vomiting large quantities of bile; feeling of fullness in liver; great soreness and tenderness in region of liver and stomach; constipation.

Urine:—Scanty and dark brown.

Lungs:—Soreness in chest; great oppression of chest; rough, scraping cough; supports chest with hands on coughing.

Back and Limbs:—Aching in bones with unbearable soreness; pains in limbs, as if broken; pains worse on motion and touch.

Fever and Chill:—Chilliness with great trembling and nausea; chill generally commences in morning; chilliness from the least motion; chill followed by very little perspiration or none at all; skin dry; some thirst.

Such is a brief outline of its action. My attention was drawn to this drug some two winters ago, during the prevalence of the so-called la grippe. I was looking for some remedy that acted upon the muscular system; and would relieve the intense soreness and aching all over the body from head to foot, that seemed to persist after the more active febrile symptoms had passed. The old reliables, Bry., Rhus. tox., Gels., Arnic., Merc., Baptis., Cimicifuga, and Phytolacca, seemed to have lost their hold.

Diseases seem at times to change in character, particularly such as are propagated by, or depend upon, some miasm, some atmospheric or telluric influence. Now and then there comes a season—it may be the summer—it may be the winter—it may be the spring—or it may be the fall—when the more common and indicated remedies, to which similar diseased conditions have responded very kindly in former seasons, make no impression at all. At such a time we turn aside from the thumb-worn pages of our materia medica, and scan the clean page of some almost obsolete remedy.

Eupatorium, as appears from the provings, acts chiefly

upon the muscular system, and the gastro-hepatic region. The peculiar headache, the whole train of gastro-hepatic symptoms, the vomiting of bile, the soreness and pain at pit of stomach, the constriction around the epigastric zone, the fullness and tenderness of the hepatic region, would indicate its use in what is popularly called a bilious attack. The soreness all over the body, and intense aching of arms and legs, constitute another group of symptoms, and furnish an indication for its use in certain forms of muscular rheumatism, and in the second stage of la grippe.

The scope of the law underlying Homœopathy involves the proving of every drug capable of producing symptoms on the healthy. The Homœopathic physicians of to-day are not much engaged in proving drugs. We take the symptoms as we find them in our materia medica, and put the test of practice to them.

There is an old but wise rule, and very applicable in all these cases:—"While ye gather up the tares ye root up also the wheat with them; let both grow together until the harvest." In looking over my collection of cases cured with Eupatorium Perfoliatum, I am pleased to say that I have found very few tares in the provings of this drug—it is mostly wheat.

ARTICLE III.

A Study of Asterias Rubens, by D. C. Perkins, M. D., of Rockland.

Materia Medica, outranking as it does in importance all other branches of science which must be understood by

the skilled physician, was justly made by the founders of this Society the leading bureau to be considered at these meetings. However well they of the healing art may be versed in anatomy, physiology, surgery, gynecology, or pathology, and diagnosis even, they will be unable to afford the greatest measure of relief to their patients, and obtain and maintain reputations as competent physicians, unless the materia medica is so fully at their command that they shall be able to select from the vast stores before them the remedy best suited to the needs of each individual case. If, as we claim, the system of medicine which we practice, is more certainly curative than any other, it is because the law of cure which we follow, and the magnificent work accomplished in the upbuilding of our materia medica enable us to apply our remedies with an exactness unknown to other systems, be they regular or irregular. The success attained by the great pioneers of our school, and the rapid increase in the popularity of our system, has aroused the dominant school to a degree of energy and a determination to maintain their position which must be met on our part by united and persistent efforts to give to our patrons the best results which the system of Hahnemann affords. These results can best be accomplished by adherence to, and reliance on, the Homœopathic law. It is useless to attempt to beat our opponents with their own weapons. Nor is it necessary. Our system is able to stand alone. When we attempt to brace it with the timbers of other systems, we are giving aid and strength to those other systems, and weakening our own.

It appears to be the duty of this bureau to bring to the attention of the Society remedies which are found to be valuable, however obscure they may heretofore have been.

A drug which fills a place in our pharmacopœia not occupied by any other is Asterias Rubens. This drug has been entirely neglected by many who have been unaware of its great usefulness in threatened apoplexy, or actual epilepsy.

It is the purpose of this paper to present the symptoms which call for its administration for those conditions, as well as such others as serve to distinguish it from other remedies. Our attention is first arrested by the prominence of "vertigo with confusion; loss of consciousness; tumult in the brain; restlessness; distress; throbbing in the head; pain in the vertex; pressure upon the anterior lobes of the brain; heaviness of the head; heat, throbbing, redness of the face." Scarcely less prominent we find "anxiety with fear of apoplexy; pains above the eyes, coming and going suddenly; awaking at night with sensation as if the brain was shaken by electric shocks; cerebral congestion; head feels as if bursting; intolerance of light; violent reports in the ears; or noise of rushing waters, with face flushed and swollen."

Continuing our researches we find "embarrassment of the tongue with difficult talking; heat and dryness of the throat; debility with distress at the epigastrium; constriction and pain in the præcordial region and obstinate constipation." The pulse is hard, frequent and compressed. There is palpitation with anxiety in heart. The entire left chest is painful, the pains being made worse by motion.

In women, we find delayed menses; feeling of distress in the womb; pressure in the abdomen; impeding walking and in some instances causing sexual excitement. During pregnancy there are dull aching pains in the mammæ, or lancina-

ting, acute pains; drawings in the breasts; ulceration or induration of the breasts; symptoms which but too plainly threaten the development of cancer. In the limbs there is painful drawing of the muscles; numbness; coldness; stiffness; cracking of the joints; pains in the bones; insensibility of the lower limbs with vertigo and weakness when standing. Most conditions are worse from walking, especially the vertigo. This latter may result in sudden falling with convulsive movements; frothing at the mouth; livid face, and heat, followed by coldness.

Complaint is made of shocks in the brain; lancinations in the forehead, temples, occiput, or auditory meatus. There are stitches in the tongue, through the breast to the back, or in the limbs.

Undefined pains are felt in the sinciput, in the chest, in the right shoulder, hip, thigh, knee, ankle and the joints of the feet. There are heaviness, dullness and throbbing in both head and chest. The hands may be cold, but there is heat in the head, eyes, throat, rectum, urethra and feet. Through the entire pathogenesis of this product of the ocean runs the leading symptom, *vertigo*; and while its clinical effects have been most frequently observed in persons of a plethoric habit and approaching or past middle life, there is no reason to suppose that it will not act with equal certainty upon the youthful and the spare.

The nearest analogue appears to be Œnanthe crocata, but it is considered as being related to Murex and Sepia. It is useful after Belladonna, Carbo anim. Conium and Silicea in scirrhus of the mammæ; and after Belladonna, Calc. carb. and Sulphur in epilepsy. It is incompatible with Nux vomica. Cases are not wanting of epilepsy cured by Asterias. One most interesting case of twelve years

duration and marked severity has yielded to the 6th decimal given two or three times a week. To be convinced of its efficacy in the last-named disease, the characteristic symptoms being present, or in vertigo with threatened apoplexy under like conditions, you have but to give it a trial.

DISCUSSION.

Dr. M. S. Briry:—A few months ago I was reading an item in one of our medical journals in regard to diseases of the liver. The patient had some pain in the liver, but the peculiar characteristic of the disease was that the man itched in that part of his body. So he was given "Vercuna Pruriens" (cow itch).

Cow itch is one of the remedies that the old school used to give. You apply it to the surface and it will cause a good deal of itching, but take it into the mouth and swallow it and you will get no effect from it. I suppose this case was a case of hypotheosis so I thought I would prove it. I commenced with five drops of the tincture, then I took ten drops, then I took twenty and then half a teaspoonful. I followed it up a number of days but could not get a single symptom. I didn't have the imagination which I suppose a great many provers have. They depend on their imagination and give us any quantity of symptoms. But if you try your proving on a man who has not a large imagination he will give you few or no symptoms at all.

That is my experience with Vercuna. I would not think of prescribing cow itch for itching over the liver.

Solon Abbott, of Biddeford :—I am not on this bureau, neither have I a paper, but I am going to tell Dr. Briry the mistake he made in quitting his investigation so soon.

He did not smell of it. I have here the prize essay of Dr. Browning on "Homœopathy Exposed," and will read a few extracts. [Reads extracts from the essay.]

If I believed some of this stuff I should not dare to go into my office after being absent for some time, for fear that some of the drugs had dried up, and the stoppers got loose, and I might smell them. It is no wonder that we are held up by the old school to ridicule for putting anything of that sort in our standard literature. I have a suggestion to make. I believe in our school, and if we would only try we might get a verified materia medica. If physicians would only take the trouble to give the symptoms and nature of the cures by their drugs, we might make for ourselves a valuable little work. I don't believe in two or three thousand symptoms, but if the members of this society will take the trouble through the year to verify symptoms, and send the results to me before the first of April next, I will try to put the notes together, in time to present at the next meeting if possible. I think it will be of some value, but if you have any money to spend on this pamphlet, don't send it out of your office, unless you get some *good* work on Homœopathy to send around with it.

ARTICLE IV.

Some of My Failures, by J. M. Prilay, M. D., of Bangor.

At our last annual meeting, I was particularly impressed by a paper read by a member of the bureau of surgery with a similar subject, and as failures occur in medicine as well as surgery, I have taken the above head line for the

subject of a few notes, which I will briefly present to you. There is no doubt but what we all, or nearly all, meet with failures of one kind or another in the various branches with which we have to deal, and the first thought that comes to an inquiring mind is what is the cause. This cannot always be ascertained, but in a large majority of cases, we can satisfy ourselves, if not our patients and their friends, whether the fault is our own or whether it can be laid at the door of some one else, or that the disease is of such a nature that medicine, or anything else is of no avail. Of course it is gratifying to do this if possible, for the physician, as a rule, has to bear blame enough for the ills of his patients, and I think it is his duty to get rid of all the blame he can. For who can tell, in many cases that do not result as we would have them, whether the fault lies with patient, nurse or doctor, and why should the latter be made to bear all the responsibility, when perhaps he is entirely ignorant of what has been done to retard or prevent recovery for weeks afterward? What can we do to bring our patients and their nurses into a condition in regard to care, so that a thousand careless or heedless mistakes which we see almost every day, will not happen? Of course with a faithful trained nurse these mistakes are not made, but a large majority of our patients are not cared for by people that have made this work a study. Oftentimes the worst of these mistakes are made by those who have the most interest in a case. It may be from sympathy, as when a child is crying for something which the doctor has advised not to be given, or by some kind neighbor or friend, who think they must prepare something nice for the boy with the fever, who has lost his appetite and would relish something sent in, or it

may be that our patient is being cared for by one who knows all about such cases, one who has nursed more just such cases than the doctor ever heard of, and fed them on this or that and let all her former cases "just like this" do a hundred things perhaps that the doctor objects to, and then call you a crank because you do object. It is well for the doctor as well as his patient, that we have only a few of the latter class of nurses. These with other similar happenings are often the causes of failure in the treatment of disease. The effect is often beyond our power of comprehension. If they happen early in a case it may be changed from a simple every-day ailment to a long and tedious fever, from a simple cold in the head to severe and perhaps fatal inflammation of some portion of the respiratory tract, ending in bronchitis or pneumonia.

An attack of indigestion, which really may need no treatment except rest of the overtaxed organs, can be changed by a very little improper food given at the wrong time, to a severe and long-lasting disease of the stomach or bowels. And how can this be cured or, I should say, prevented, for it is the prevention we want in such cases. Just so long as we have patients to treat, just so long will some of the friends and some nurses do things in the care and treatment of our patients that they ought not to do. And the only way to prevent it is by education, or by not allowing anything to be done except the usual every-day duties (and those should be a part of our daily instruction), without first consulting the physician.

The education of the people in regard to the different diseases is a great task, but a beginning has been made by our State Board of Health in regard to contagious diseases and we hope it will continue.

But in each individual case if we will take a little time in explaining the nature of the disease to the attendants, showing them the reason why such things as we may suggest should or should not be done, making them understand that much of the success of our treatment depends on our directions being carefully followed, we have taken a long step toward a favorable termination of our case. We oftentimes see too much done instead of too little. To illustrate some of the things that may happen I will report the following case.

On November 1st, 1892, I was called to see a patient about eighteen years of age. I found her with a temperature of 101.8, pulse 120, severe headache, dizziness, dry tongue, much thirst and drowsiness. I told the attendant that I suspected typhoid fever but we would wait a few days before making our diagnosis sure. On the following day I found the temperature 102 and the third 102.6. There was now some tenderness of bowels, and this and other symptoms left no doubt in regard to the disease being as at first suspected. There was slight delirium, but the patient rested very well, so much so that some nights she was left alone, the nurse being in the adjoining room with the door open. The diarrhœa which for a few days was troublesome was controlled by Rhus. tox., so that the number of discharges was reduced to one or two in twenty-four hours. The tenderness of the bowels was not marked; rose spots appeared the eighth day and the patient got along very nicely and I could not see any reason why she did not have a good prospect for recovery. There was considerable deafness but the patient answered questions readily and accurately and did not show symptoms of any decided brain complication. The tempera-

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ture ranged from 101.6 to 104 and for the first three weeks the pulse was rarely above 112. A good amount of milk was taken for nourishment and was well assimilated. On the 20th day I found my patient with a temperature of 102.5, pulse 112 and fairly good, and I also found that the nurse had cut her hair short, removing a large amount as it was very heavy. I am not sure, of course, that this had anything to do with the unfavorable symptoms which followed but think that it did, as all the symptoms grew worse and the delirium which previous to this had been very mild or absent was now furious, and within three days the patient was in an unconscious state and died on the 28th day of the fever. During the last week there were several hemorrhages of the bowels, but I think not then enough to cause death. The remedies given were Bryonia, Rhus. Tox., Arsen., Hyoscy., China, and Hamamelis.

The next case I will report is that of a child ten years of age. This case perhaps would more properly come under the bureau of surgery, but as all the treatment she is getting at present is medical, I will report it now.

The child is of a scrofulous tendency, which she inherits from both parents, and has never been in good health. About two months before I saw her she was injured by a stone thrown by another child, the injury being about two inches above the ankle joint. Nothing was thought of it for a day or two, but it then began to swell and be very painful. A physician in the neighborhood was called and advised poultices, etc. These gave some relief and in a few days he made an incision, which gave vent for quite a large amount of bloody pus. The wound failed to heal and in November the case came into my hands

with a statement from the doctor that it would be a year or two before the leg could be used. I found the child much emaciated, with a large, dark, unhealthy sore at the injured portion of the leg. Passing a probe into one of the openings quite a large surface of bone was found from which the periosteum had been removed by the former inflammatory action. The pus was thin and unhealthy. I prescribed a dressing of calendula, with silicea for medicine. The patient commenced to improve and in a few weeks was able to be up and about the house, but was not allowed to use the injured leg. The sore healed very kindly until it was reduced to the size of a bean and there it remained nearly all winter. At different times I have removed small pieces of bone perhaps eight or ten in all. In April the parts around the small sore commenced to look dark and take on inflammatory action, caused, I think, by trying to use the leg. I advised scraping the bone which was done. An incision three inches long was made and quite an amount of unhealthy fungus growth was removed, but no pieces of bone were found. The wound was packed with iodoform gauze and allowed to heal from the bottom, which it did kindly, until it reached the place where it failed to unite before. It did not heal then and never has. I have since then removed one piece of bone. The patient has grown larger, stronger and seems in perfect health. Silicea, Sulphur and different potencies of Calcarea have been given—I have benefitted the patient, but I have failed to cure the injured leg.

ARTICLE V.

A Few Clinical Cases; I. Ovarian Irritation with Cephalalgia; II. Chronic Diarrhœa; III. Drosera Cough; IV. Urticaria; by W. F. Shepard, M. D., of Bangor.

Case I. Ovarian Irritation with Cephalalgia. Mrs. F. L. P., aged 35 years, brunette. First seen September 9, 1891. [These notes are transcribed from the daily visiting record which may account for any apparent incoherency.]

Had la grippe two years ago last January. Suffered from headache before for several years. Headache would begin in one temple or the other, extend to the vertex, then to the occiput. When in the latter location there was a good deal of heat. She has them now, only more severe. Application of mustard relieves more than anything. During, or soon after the grippe, was attacked with severe pain in left ovarian region which has continued with greater or less severity since. The pain usually wakes her about 2 A. M., increasing in severity until 2 P.M., when it abates and generally disappears in the evening. At times the pain, which is of a sharp, lancinating character, extends round to the hip and back, and down the thigh. When she has the headache she does not have the pain in the ovarian region. Has days when she feels very tired. She says sighing gives relief. After continuous pain says she feels bloated in that locality, especially during the tired days. Menstruation is regular but lasts only a couple of days, and scanty. The pain usually recurs with the greatest severity after the menstrual flow. Sometimes the morning paroxysm of pain remits, and when

that is the case it will come on much more severely at 2 P. M. and last well into the evening.

The headache is more likely to occur just before being unwell and for two or three days afterwards. Sometimes when she doesn't have the menstrual headache there will be an inflammation and swelling of the vagina with great dryness.

When the headache comes on she can't lie down while it is in the temple and vertex, but can do so when it gets round to the occiput and when it locates there it is more a sensation of heat than pain. Bowels regular. No leucorrhœa. Food does not distress, but craves articles like cloves, etc.

Had a bad vaccination when about 16 years old; very sore arm, etc. Careful palpation revealed no tumefaction or tenderness in left ovarian region or hypochondrium. Gave sulphur[30] for one week, followed by thuya. occid.[200] for two weeks, and sacc. lac. for four weeks. There was a gradual abatement of the headache and ovarian pain, then complete relief which has continued to the present time.

Case II. James S., aged 39. He was first seen in August, 1892. Has had chronic diarrhœa for six years. Was having a stool nearly every hour out of the twenty-four. He took cold while in a profuse perspiration which resulted in diarrhœa, which lasted four or five weeks and then changed into dysentery, the one alternating with the other ever since, causing a condition which may be termed a dysenteric-diarrhœa. The appearance of the stool often changed, sometimes bloody, then looking like a mixture of white of egg, lumps of jelly, etc. When the stools were bloody there was intense pain in the lower part of

the bowels for ten minutes before the movement and until the stool was completed, after which the pain ceased, followed by extreme weakness, especially about the knees and elbows. There was great desire for stool very quickly after eating or drinking, especially after breakfast. Must hurry early in the morning. As soon as awake, must run. The stools were often flatulent and and accompanied with much water. Drinking cold water would cause an increase of the diarrhœa. Sulphur, arsenicum and mercurius each seemed almost equally indicated, as a marked characteristic symptom of each remedy was prominent, but a closer study of the case showed that aloes covered the totality of the symptoms more fully and this was exhibited in the thirtieth potency, followed by a complete cure of the case.

Case III. Drosera Cough. Mrs. M., about 35 years of age, of a nervo-bilious temperament, contracted a severe cough early last fall, and was treated throughout the winter through a messenger. Various remedies, such as phos.^{30}, hyos.^{30}, rumex^{200}, bell.^{200} were sent, but all to no avail.

Finally the lady was requested, some time in April last, to appear *in propria persona* so as to give a fellow a fair chance, and also that it might not be said, Homœopathic treatment was *nil* in her case and by parity of reasoning would be also in any similar case, among any of her hypercritical neighbors. Her appearance was somewhat of a surprise, for she certainly looked almost like one in the second stage of phthisis and in fact she had resigned herself to that fate.

The following facts were elicited. The cough would gradually change from being dry, to one of expectoration,

first of froth then of yellow mucus. The cough was always worse at night. To use her own words "When I first lie down at nine, I cough and raise very hard, mostly yellow mucus, until ten, completely exhausting me; then in three hours, or at one o'clock, I commence again, and cough and raise until 2 A. M., and this so thoroughly exhausts me that I get no rest." Her voice was somewhat husky, and she complained of a burning sensation in the middle of her chest. Other than the conditions described there were no abnormal symptoms. It was a case of "bad cough" pure and simple.

On account of the yellow expectoration, the aggravation on lying down, and at night, especially after midnight, and the return of the cough after an interval of three hours or so, I proscribed dros. rotund.[30] in water, a teaspoonful every three hours. Complete recovery.

Case IV. Urticaria—Bovista. Charles S., a sailor, aged about forty, contracted sciatica from exposure to wet. He suffered severely for two weeks without relief.

By the advice of friends he made an application of tar to the painful limb, which seemed to relieve the intense tearing pain in about a fortnight.

Soon after a disturbance of the digestive organs arose, which was followed by a nettle rash extending all over the body. This was treated for several weeks by various outward applications, and glauber salts internally, but without relief. When first seen the urticaria was in full efflorescence, covering nearly the whole body, some of the blotches being nearly two inches in diameter. The patient asserted that he had never had a similar eruption, although, whenever the opportunity offered, he had always eaten freely of various kinds of shell fish, etc., and stoutly

maintained that it was caused by the application of the tar, for it had appeared first on those places where he had applied the tar, and thence spread over the whole body.

The thigh, which had been afflicted by the rheumatism, was now painless but in a paralyzed and atrophied condition. Physical examination of the chest and abdomen revealed no abnormal condition, but the eyelids were inflamed, as were also the gums, which bled easily; the lips were cracked and in some places blistered; appetite poor; pressure in the stomach; nightly rest disturbed by the burning and itching of the eruption; frequent attacks of watery diarrhœa, followed by tenesmus.

The patient received several doses of Rhus. tox.[30] to be taken night and morning, and was told to return again in three weeks. At the end of that time the affected limb had improved considerably; he could move it more readily; the pressure in the stomach and the diarrhœa had abated somewhat but the urticaria remained the same. Apis. mel.[12x] was then given a trial but with no results. When a remedy like Rhus tox, apparently well indicated, fails to do its work, it becomes necessary to individualize more closely if we would save time and vexation. As no physical disease can exist without affecting both mind and mood, and as these not unfrequently characterize the disease, it is evident that in making choice of a remedy we should give them the preference and often be governed by them altogether. In the case before us this procedure again proved itself correct. The road to the remedy might have been a long and circuitous one had not the characteristic mental symptoms led to the choice of the remedy. They were as follows: Ill humor; moroseness; irritability; sensitiveness; great excitability; takes every-

thing amiss; aversion to all things; of a quarrelsome mood; apparently dazed, as indicated by staring vacantly into space; uses the wrong word in answering questions; absence of mind and difficulty in fixing his attention.

If, in addition to the mental symptoms, we compare rheumatic lameness, the urticaria, disposition to diarrhæa, each evacuation being followed by tenesmus, the scorbutic gums, the inflammation of the eyelids, and nightly agglutination, etc., our choice must necessarily fall upon Bovista[30], which, by a speedy and permanent cure, proved itself the specific Homœopathic remedy.

ARTICLE IV.

Faith as a Healing Power, or the Mental Cure of Disease, by J. H. Sherman, M. D., of Boston, Mass.

A few months ago I was treating a patient on K Street. At one of my calls, the patient's daughter a pretty young lady contemplating marriage, asked me to remove a wart from her hand, at the same time telling me how she came by it. Said she bought it of a friend. The wart of her friend disappeared and hers came at about the same time. Acting on the suggestion of the moment I took a piece of coin from my pocket, crossed the wart with it and fixed my attention upon it for a few seconds; then passing the coin to her gravely assured her that if she would put it in some secret place and tell no one what had been done the wart would disappear. In a few days not exceeding two weeks, I jokingly inquired of her about the wart. She replied, "It is gone," showing me her hand, and I was not a

little surprised to see that it was entirely removed.

This is but one of the numerous instances that has probably come under the observation of every physician of the mysterious disappearance of morbid conditions without a corresponding physical cause. How is this done? What is the invisible agency and how does it act? It is mind acting upon mind, or mind acting upon itself through the power of faith and may be explained, as I believe, to be in harmony with the law of Similia Similibus Curantur. Who does not know that a sensitive person can be made to vomit by the suggestion of a nauseating subject? Or that a person suffering from nausea may be relieved by diverting the mind in another direction? Have you not relieved patients suffering from cephalalgia and other forms of acute pain by stroking the head gently, or by laying the hand upon the painful part? Have you not seen patients who came under your care from other and skillful physicians, make rapid improvement without apparent regard to the treatment? Have not your patients often told you that they began to improve on taking the first dose of your prescription, though that prescription was a placebo? Have you not also had patients that you could not benefit at all; the most carefully selected medicine being worse than useless? And have you not seen those patients make speedy recovery, to your mortification under the care of some Allopathic quack, in spite of his deleterious drugs? My friends, there is a principle here that we must not ignore, if we would avail ourselves of all the means God has placed in our power for the alleviation of the suffering and the healing of the sick. The Great Physician said to the sick of the palsy, "Thy faith had made thee whole," and that principle of faith is just

as potent and active to-day as eighteen hundred years ago when enunciated by the Great Physician. You have all heard of the marvelous healing power of Dr. Newton. He was no humbug. Thousands will testify to the healing power of his touch and repeat the old story that whereas they were once blind they now see. Too many instances of his work came under our observation for us to doubt his power to heal and to heal through the principle of faith. "As a man thinketh so is he," and when the physician and the patient have faith in the means used, the work is done. There are to-day a score or more of healers in Boston, who are entirely ignorant of medical science; they call themselves mediums, clairvoyants, electropathists, magnetics, &c. Many of them are successful, so far as I can learn, in curing the sick and in putting money into their pockets according to Falstaff's injunction. Is not their success attributable to this power of faith which they inspire in their credulous victims? Some years ago I was called to attend a delicate, sensitive, intelligent, feeble young lady, who had been confined to her bed for several weeks by severe illness. She had been under the care of an eminent old school physician. The mixtures, pills and powders that had been tried and abandoned, accumulated during these few weeks, so that bureau, mantel, table and every available niche in the room contained medicine, giving it the appearance of an ancient drug shop.

It was suggested that as a preliminary sanitary condition these reminders of sickness, sorrow, and certain death be removed from the room, which was done. The patient was carefully examined and while there was functional disturbance of the vital organs, there was no pathological

lesion existing. In as cheerful a manner as possible the patient was assured that she would quickly regain her former state of health, which was barely medium, under the action of Homœopathic remedies. Deeming it prudent to wait a few days for the system to rid itself of previous medication before prescribing, some unmedicated globules were left to be taken in doses of five or six every three hours. The patient informed me that it would be necessary to leave her some anodyne as she could not sleep without it. Some more unmedicated globules were left with directions to take five at bed time and if they did not produce sleep in an hour, to take five more, but on no consideration to take the the third dose as she might never wake if she did. On making my morning visit I found my patient much improved; she had passed a comfortable night after taking the second dose of the anodyne(?). It is hardly necessary to say that the same prescription was continued, except witholding the second dose of the anodyne as unnecessary. On my next visit, the following day, the patient expressed a desire for food, an entirely new symptom. The improvement so quickly began went on, and in the course of a week the patient rode out and the cure was a marvel to her friends. At the time, I attributed the cure to the result of witholding drugs. It was but a factor in the process. The patient believed that she was going to recover under this new dispensation. I believed she would recover and these unseen but potent agencies played an important part in this cure.

When practicing medicine on Nantucket, among my patrons was a man of great goodness of heart and sanguine, warm temperament who laughed and grew fat doing kindly acts. He often visited the sick, taking them

some delicate preparation of food or drink and imparting to them some of his hopeful, cheery nature. He never failed to "brighten them up" and by the hope he inspired, greatly helped to make recovery possible.

Who are the most successful physicians? Are they the most learned and scientific men, or are they the sagacious, shrewd men that have all eyes about them and avail themselves of every help to restore their patients? We have heard much about the success of the High Potency treatment, and I have no doubt of the good results from the use of such potencies; is it not barely possible, after all, that it is the physician or his psychological influence over the patient or his ability to inspire a reviving faith in the patient that produces the effects that are attributed to the medicine? I have on several occasions found myself at the bedside of a patient without my medicine case and too far from my office to go or send for it. At such times unless the case be one of gravity, it is my custom to go through the form of preparing the medicine and it generally has the desired effect.

When Nitrous gas was discovered Dr. Beddoes at once concluded it must be a specific for paralysis. A patient was selected by him for treatment, and the management was intrusted to Sir Humphrey Davy. Previous to administering the gas Davy inserted a small pocket thermometer under the tongue of the patient, as he was accustomed to do upon such occasions to ascertain the temperature with a view to future comparisons. The patient, wholly ignorant of the nature of the mysterious process to which he was to submit, but deeply impressed, from the representations of Dr. Beddoes, of its certainty of success, no sooner felt the thermometer under his tongue than he

concluded the talisman was in full operation and in a burst of enthusiasm, declared he already felt the effects of its benign influence throughout his whole body. This operation was repeated every succeeding day for a fortnight, the patient gradually improving during that time, when he was discharged cured.

Some physicians inspire such faith and have such complete control over the mental states of their patients that they can give any action to a medicine they desire, even to the production of catharsis or emesis by informing the patient that such and such results will take place. Others will prescribe the two thousandth potency to a patient and it will continue to act for weeks and months.

DISCUSSION.

Dr. M. S. Briry:—I am not prepared to discuss this matter to-day, but there is a good deal in rubbing a wart. He rubbed the wart with a coin and it went away. Some people say they rub warts with a bean every day, throw the bean away and the wart goes away. I don't imagine that there is any great faith cure about it. It was simply the rubbing of the wart that roused it to action and cured it, or it went away.

But the last remark the doctor made, that it did not matter what you gave a patient if the physician only has confidence and can excite confidence in the patient, I cannot accept. What is the use of studying medicine? Here we spend four or five years studying medicine and a man comes along without studying at all and can cure with faith, and can cure everything. What is the use of studying medicine at all? I simply don't believe it. No doubt the imagination has a great deal to do with some diseases,

but I fail to know of a case of organic disease cured by the imagination. There may be some cases where, if you can get up some excitement of the mind, the patient is relieved. It is like a physician giving the one thousandth or two thousandth potency and saying if they give this high potency and faith with it long enough the patient will get well. If they get well he did not cure them, faith didn't cure them, only nature did that; physical action worked it out. Medicine didn't have anything to do with it, faith didn't have anything to do with it. We had a meeting here at the State House last winter and this matter came up. We had quacks from all over New England. Our chairman made a plea almost in favor of quackery.

Dr. Sherman said that when Christ cured He said "Thy faith has made the whole." Now, those who practice faith cure have not the power of Christ. When He effected His cures He always did it with an object in view; it was to show the people that He posessed the power of God. All His cures were done for that very object. He didn't go round telling folks "I will cure you for five dollars," "I will cure you for ten dollars," seeking persons He might cure that He might put a few dollars in His pocket. He came into the world to reveal a new dispensation, and wherever it was necessary to inspire the people with the idea that He posessed the power of God there He produced His miracles. The man at the pool didn't have anyone to put him in and Christ said to him "Arise, take up thy bed and walk."

When these folks come around pretending that they cure people with the same means that Christ cures, I say they are blasphemous, the whole of them. And every man that does not avail himself of all the means of curing

disease, first studying the system in a natural state, then in a diseased state and then all the effects of medicine he possibly can, he is an imposter, fraud and quack, I don't care who he is, where he comes from or how much he makes or anything about it, and the sooner we get rid of this idea the better. We have something to do besides to deal out medicine. We must be doctors as well as physicians. The meaning of the word doctor is to teach. A doctor must be learned. A doctor of divinity learned in theology, and a doctor of medicines learned in medicine. We may be teachers as well as physicians, and we ought to be.

Dr. Sherman:—I laid myself open to attack by biblical quotations, and perhaps it is out of place here. I take Christ's word just as He said it. He said "Thy faith hath made thee whole." I believe what he said, while I by no means discard medicine and I use as much medicine as any one here, I venture to say. When you come down to faith and potency I know what potency and faith is, at least I think I do: they are one and the same thing, the high potency and the faith.

Dr. N. T. Williams:—Speaking of warts, when I was a child we used to cut the same number of notches in a stick as we had warts on our hands and throw the stick away, saying that the finder of the same would have our warts and ours would be cured. I have recommended fasting spittle in some cases with perfect success. A warty mole on the side of a woman's face half an inch in diameter was taken off by this application in a few days. It had been removed by the knife two years before but returned, as it has also done since its removal by the spittle. Common warts removed in this way have not returned.

Dr. D. C. Perkins:—I can hardly add anything to what Dr. Briry has said, but I want to add my approval to what he has said with regard to the true practice of Homœopathy. I believe in science in the administration of remedies to cure disease. I have failed, except perhaps in one or two instances, to see disease cured by faith. I don't take any stock in it at the present time. I know of no one who can accomplish much by faith. I believe in medicine and in the curing of disease by medicine. I do not think that the two hundredth or higher potency accomplishes much even in repeating the dose and repeating the medicine. Some think they must have faith in taking medicine, I often state that it makes little difference whether they have faith or not, that faith has little to do with Homœopathy.

Dr. Boothby:—I think I should agree more fully with the gentlemen on my left [Dr. Briry] than the way Dr. Sherman puts the matter. There is not such a wide difference in them after all. If we have confidence in ourselves, it will have an influence on our patients, and the belief that we can help them is a matter of encouragment, I have no doubt had cases that have come out better after surgical operations by the confidence my patients had in me: while I should agree with Dr. Briry in regard to quotations from One whom most of us believe to be more than man, and who was not curing disease for the purpose of curing it, but simply as the Doctor has said to manifest His power and show us who He was that we might have faith in Him. I don't believe we have the power to do as He did.

Now in reference to warts, they are things that come and go repeatedly. When a physician has something more

serious to treat it does not change in that way. These methods of treatment have no effect at all. This was the way my warts were cured. I was told to steal something, a piece of pork, and rub it on the wart and throw it away and the warts would go away. I did so and the warts went away. Perhaps the salt of the pork may have had some effect. Still there was not much science in curing warts as mine were cured. I think we ought to separate these things from more serious matters. If we believe in anything we ought to believe in our remedies, because we prescribe them in specific ways, and we see them relieve time after time in the few cases we administer them. I believe the most of us have more faith the longer we practice, so that while there is a good deal in inspiring confidence in a patient, yet we ought not to attribute it to some special power.

Dr. Briry :—Frequently people say you want us to have faith when we take this medicine. I say I do not care whether you have faith or not, if you only take the medicine and follow my directions, that is all I want you to do.

Q. Don't you by that very remark inspire confidence?

A. Suppose it is a child, a child has no faith.

Q. You would a little rather they would have faith?

Dr. Briry :—I don't care whether they do or not. It is conceded by the best psycologists that one individual cannot influence another through his own mind; he may through his imagination, but his mind does not act to help him. They cannot effect a cure if the patient is unconscious, they cannot cure a child by any effort of their own will power. The patient must exercise the power himself.

Remark :—They can cause a person to become uncon-

scious, so that they can make him stand on his head or do just what they tell him to.

Dr. Briry:—Some individuals you can mesmerize, but those people have some trouble with their nervous system. You cannot mesmerize a healthy man.

Dr. Solon Abbott:—I believe that mind and matter are very intimately associated. I know of a case where a man had his leg badly hurt, the surgeon dressed it, amputating what was necessary. For several days and nights the man did not sleep at all, he said his leg pained him. Some of his friends secured his leg where it had been buried, found it in a cramped position, put it in a nice box and in a safe place and the man went to sleep in ten minutes. This was a friend of mine and I know of the circumstances.

Q. Did they tell him they had taken care of it.

A. He knew nothing about it, it was entirely unknown to him.

Q. How could it have affected him if he knew nothing about it.

A. I don't know anything about that, I would like to have somebody tell me. He said he didn't know anything about it.

ARTICLE VII.

Orifical Surgery and its Relation to Disease, by Solon Abbott, M. D., of Biddeford.

In order to know the relation of Orificial Surgery to disease, we must be able to reason from cause to effect. This paper is intended more particularly to call attention to the effects, with only a passing reference to what might be a cause.

These effects are all produced through the medium of the sympathetic nerve, so to speak. The word is from two words "sym," together, and "pathos," suffering. By the anatomist these nerves are called the nerves of organic life, in contra-distinction to the cerebro-spinal nerves, or nerves of animal life. The term "sympathetic" was given them because it was believed that through them, distant organs were made to undergo similar changes through sympathy.

In the sympathetic system we have a complete nervous system of itself. It is made up of ganglia, on either side of the spinal column, connected by nerve trunks, communicating with the cerebro-spinal system, extending from the base of the brain to the coccyx, and supplying steady and uninterrupted nerve force for nutrition and growth. The fibers of this system are distributed to the various intestinal organs, the intestines, blood vessels, the lymphatic and glandular structures, and it is by the force received from this system that their peristalsis is secured.

It has been truly said "By tubes we live."

All the materials of nutrition are carried through tubes.

Secretion and excretion, air and blood, all pass through tubes to their destination. Hence we see, that in order to have perfect health we must have perfect activity in all the tubes. This calls for a full supply of nerve force, and nothing should be wasted by irritation. It is upon this force alone that the circulation depends and an insufficient supply means a feeble circulation with all its consequences. A normal circulation means good digestion and assimilation. It means that every organ in the body will properly perform its function. Whatever tends to derange the circulation tends to bring on disease.

But you will say, What has this to do with surgery? Let us see.

The lower orifices of the body are guarded by a set of muscles called sphincters. These muscles are all supplied by the same nerve as the great circulatory apparatus, consequently when one suffers the others must. Imagine for a moment the amount of nerve force that would be required for you to keep the hand tightly clinched for even one hour. What must it be if continued for weeks and months? Here at the orifices we have a set of muscles in a constant state of contraction and any irritation increases the tension and requires an increase of nerve force. In the rectum we find hemorrhoids, fissures, pockets, and papillæ all acting as a constant irritant. In the sexual organs we find many local irritations. In the male in the prostatic inch of the urethra, and in the female along almost the entire length of the generative tract, we find them. Many of these irritations are not even suspected by the physicians, much less by the patient.

What is the result? There is a constant drain upon the vital forces and they soon become exhausted. As has

been said before, the circulation depends upon this force, and the power being exhausted it soon fails. Congestion and derangement of almost every organ in the body follows. Local congestions, heart failure, nervous prostration, insanity, consumption, in fact, almost any disease that flesh is heir to, follows.

Prof. Pratt makes the broad assertion "That all forms of chronic diseases have one common predisposing cause, and that cause is a nerve-waste, occasioned by orificial irritation at the lower openings of the body. These irritations induce a rigidity of the sphincters guarding the parts, which either continues sympathetically affecting the rest of the involuntary muscular system, and steadily draining the nervous power that supplies it, until the whole struggle terminates in a *rigor mortis*; or tiring out in the hopeless grip relaxes into the inertia of paralysis."

The lesson we should learn then is this. Search out the cause and whether it be hemorrhoids, fissures, pockets, papillæ, lacerations of the cervix, stricture of the urethra, or any other of the many causes of irritation, do thorough work and remove them, and we will be rewarded by seeing marvelous results, and secure for ourselves the everlasting gratitude of our patients.

ARTICLE VIII.

Rigidity of the Os Uteri,—A Case with its Surgical Treatment, by J. W. Whidden, M.D., of Portland.

On the morning of Nov. 18th, 1892, I was called to attend in her first confinement Mrs. D., who is about twenty-two years of age. Her general health has always been good, though in physical make-up she is slight and seems rather frail. Menstruation has been her chief trial, for it has been almost invariably attended with severe pain and vomiting. She had been married about a year before conception took place. On reaching the house I ascertained that she had reached the reckoned time for parturition; that the ordinary pains of the first stage had been present for several hours; that previous to the beginning of the pains she had been awakened from sleep by a gush of waters; and that the gushes had continued since then with the recurring pains, which had soon followed and were growing severer and more frequent.

Examination disclosed almost no dilatation, as it was with difficulty that the tip of the finger could be pushed through the os and against the head which was presenting. There was no amniotic sac to act as a cushion in front of the head and assist in the dilating process. The presentation being favorable and the patient's spirits and strength good I apprehended no difficulty, excepting a slow labor, notwithstanding the absence of the amniotic sac and of dilatation at this time.

Out of the next preceding thirteen cases which I had

attended, nine had begun labor by a spontaneous rupture of the membranes before pains were felt. All had gotten through safely without any especial complications, forceps being used in but one case. The case I am now relating, the tenth, proved the exception.

During the forenoon the conditions remained about the same, pains of the same character and frequency, patient in no distress. When I called at noon the os was as tightly closed as in the morning, the pains those of the first stage, but harder than before. I directed hot milk and broth to be given in small quantities frequently; saw that the bladder was emptied; ordered the bowels cleared by a large hot enema; and directed a hot vaginal douche to be given every half-hour.

It is sufficient to say that at six o'clock the os did not show any further dilatation, notwithstanding that I had given various remedies internally, hypodermically, and by suppository. Chloroform was judiciously used and the patient given rest, mentally and physically. About this time the pains typical of the second stage of labor, regular bearing-down pains, came on. During one of these contractions the head, within the uterus, would be forced down into the pelvis, but the cervix remained as rigid as ever, having dilated only sufficiently to allow the finger to be introduced through the os. With that finger I endeavored to dilate sufficiently to allow of the use of Barnes' dilators. But all the force I could apply had no marked effect. The edge of the os felt like a rigid cord, slightly elastic, but not dilatable. Somewhat prolonged manipulation did not result in sufficient effect to allow of the use of the dilators. The patient now beginning to show distress from the long continued strain, and other

methods failing, I concluded to resort to incision of the cervix. Taking stringent antiseptic precautions, the patient being under the influence of an anæsthetic, I passed a probe-pointed bistoury within the os, using the finger as a guide, and made a number of incisions in the cervix around the tough, cord-like circle of the os. The depth of the incisions was intended to be about a quarter of an inch each. The deepest ones were made at the sides and were less than half an inch. The effect was very satisfactory, for I was enabled right away to carry on dilatation with the fingers, the cervical tissues seeming to be normal after the tough ring was cut through. As the contractions were becoming weak I applied forceps as soon as I could make room for them.

While endeavoring to save the perineum by "making haste slowly" I was informed by Dr. Sylvester, who was etherizing, that the pulse had become very rapid and weak and that there was necessity for haste. I, therefore, quickly delivered the child, a large male, but the perineum and sphincter ani were sacrificed thereby. Immediately following the delivery there was a frightful hemorrhage, more than could be accounted for by rupture of the cervix or perineum. Expelling the placenta by Crede's method, I passed my hand directly into the uterus and found it flaccid and uncontracted. Irritation, with one hand within the uterus and the other over it on the abdomen, caused it to only partially contract. Hot water, quickly at hand, injected in a continuous stream within the uterus caused a firm contraction which was lasting. The heat also had a very good effect in stimulating the patient, who in the mean time was receiving brandy hypodermically. Because of her weak condition no attempt was made at reparation

of the perineum. Surrounded by hot water bottles she, however, rallied slowly.

Convalescence came on without a hitch and the temperature did not once pass the 100 mark. As there had been an unusual amount of manipulation, and there was a large cut and torn surface, there certainly was reason to fear a poor convalescence, complicated with septicæmia. The fact that there was no septicæmia was due to strict antisepsis being carried out from beginning to end of the labor. At no time during the various manipulations by hands and instruments was the necessity of keeping the genital tract in an aseptic state forgotten. It is not the use alone of antiseptics that brings success in operating. It is the manner of their use, and an intelligent comprehension by the operator of their purpose.

The ideal condition is that of asepsis. The successful operator is he who, knowing that, knows how to obtain it. It matters not whether it is accomplished by hot water, by chemicals, or by the let-alone method, so long as it is understood what will cause sepsis as well as prevent it, and as long as every move is made with a knowledge of its effects, whether for good or evil. Slovenly, careless, half-way methods are not compensated by an extra large supply of chemicals in aseptic surgery.

Persistent rigidity of the os uteri may become a very serious complication of labor through exhaustion of the patient from protracted suffering; liability of hemorrhage from extensive laceration; subsequent sloughing of tissues subjected to long continued pressure; hemorrhage following such sloughing; and septicæmia.

Different cases exhibit varying degrees of rigidity; and undoubtedly most get through without manual aid, if they

have the help of the elastic cushion of unruptured membranes. They are simply prolonged and trying cases. The exceptionally rigid cases are the dangerous ones, especially when the membranes have ruptured.

There have been deaths reported from hemorrhage following a deep laceration of the cervix, also from hemorrhage occuring during the puerperal period, the result of a deep slough opening the uterine artery. The complete circle of the os uteri has been torn off and expelled during labor. Several such cases are on record. It is in the cases where the membranes have ruptured, allowing the amniotic fluid to escape, that the greatest danger exists, for the hard head, pressing against the cervix, will in time obstruct the circulation and sloughing is pretty sure to result unless proper manual aid is given at a seasonable stage.

The treatment of rigid os uteri is determined by the length of time labor has lasted, the patient's strength, mental and physical, and the presence or absence of the "bag of waters." As long as the membranes are unruptured, the patient in good condition, the pains strong, and the parturient canal not hot or dry, it is advisable to wait for further efforts of nature. At this time the bowels and bladder should be emptied. The patient should be given hot nourishment in small quantities, frequently, and remedies to allay nervous excitability should be administered. Anæsthesia at this time is frequently followed by relaxation of the os. Hot water vaginal douces are alone sufficient in some cases.

If the membranes have ruptured, the vagina is hot and dry, the patient growing weak, and no progressive dilatation is apparent, it is not safe to delay longer for nature's efforts. Manual efforts are now demanded.

As all manipulation during labor is attended with danger of septic infection, it is necessary to use antiseptic precautions. In case of operative measures it is mandatory to be doubly careful, as such operations may be made safe or dangerous according as faithful antiseptic accompaniments are used or neglected.

It is my custom in uncomplicated labor to make very few vaginal examinations. In some cases one only has been sufficient. Such examinations as are necessary are made only when I am sure that the patient's external genitals and my own hands have been rendered aseptic by proper measures. I believe that the vagina is in an aseptic condition naturally and will remain so if germs are not carried in by the operator. It is this belief and practice I am very positive, that has enabled me to carry most of cases through confinement and puerperium without a rise of temperature above the normal after the first twelve or fifteen hours.

Using such antiseptic precautions, in the case of rigid os uteri, dilatation by the fingers may be attempted, the patient usually being anæsthetized. It may be possible to overcome the contracture by this method alone. Or room may be gained for the use of Barnes' dilators and the process continued with them. Failing in both of these attempts it becomes necessary to incise the rigid ring. This is done by making six or eight short cuts with a probe-pointed bistoury or scissors around the contracted ring of the os, using one or two fingers as a guide. Such incisions will not cause arterial hemorrhage, while a deep rupture from powerful *vis naturæ* is liable to do so. These multiple incisions usually bring about a state of ready dilatability and do away with threatening dangers.

Further dilatation may be carried on by the "bag of waters" if it is still unruptured, or by the fingers, or by Barnes' bags; or the labor can be terminated by forceps or version, as is determined to be best by the patient's physical condition. The after treatment must be such as to render the genital tract aseptic to insure a good convalesence.

The subsequent history of Mrs. D's case is soon related. In a little over a month from the time of confinement she commenced to menstruate. No pain attended the function and that made her happy, for menstruation had been her *bete noir*. However, the flowing did not stop at the proper time, and as it was considerable and was making her weak I curetted the uterus. This was immediately effective. Since then she has menstruated regularly, without pain, and of proper duration.

In March I operated on the cervix and perineum. In repairing the perineum I used a flap or modified Tait operation, and the result is proving to be excellent, notwithstanding that the sphincter ani was torn through.

There is now perfect control of the sphincter, and, as far as her own sensations are concerned, there is nothing abnormal about her condition. She looks, feels, and says she is as well as ever.

DISCUSSION.

Dr. Whidden :—I have the acquaintance of a man who commenced practice in a small country town and afterward moved to a large city. With a great deal of perseverence he carried on a large practice with a constantly growing interest in surgery, so that he at last thought best to establish a hospital. He did establish a private hospital, and carried it on with such energy and success

that it now ranks above many of the public institutions, not only in size but in number of patients. He is always ready to work, always ready for an operation, and I hope just as ready to-day to give us a talk about his surgical operations. We would like to hear from Dr. Boothby of Boston.

Dr. Boothby :—Do I understand that you want me to speak about this paper?

Dr. Whidden :—This is the surgical bureau and you can say just what you please.

Dr. Boothby :—In the first paper that was read we see the hand of the Chicago man there a little too plainly. This is the only criticism I would make. We have to have extremists in every department in order to bring out the good, and no doubt Dr. Pratt has done us and a great many others a great deal of good by calling attention to the outlets of the body as being the source of a great many troubles; but to stand up and declare that it is the cause of all physical disease seems to me terribly ridiculous. Perhaps I shall take a little more liberty from the way Dr. Whidden has spoken, in referring to my own experience. I have a great many patients sent to me with womb trouble that really have not originally much of any womb trouble. The original trouble is rectal. In order to cure you have got to attend to the rectal trouble. If any of you have read the report of my work lately, you will see there are a large number of cases of fistula of the rectum.

I never operate on the cervix now without curetting the womb. At least nine cases out of ten require it, and I don't know but what the tenth one does. It certainly does no harm. I look into the condition of the rectum every time, but that the rectal trouble is the cause of all

other diseases, as I said before, seems to me absurd. We know that there certain physicians who are specialists of the eye. They make the same claim for the eye, don't they? They say that all these local irritations come from the eye. They remedy that and the patient gets well. So it is with other diseases I could mention. The fact is that a man has got to be an all-around man, an all-around physician to meet all cases. In that respect while the paper of Dr. Abbott is all correct and calls your attention to a very important matter and one that has been seriously neglected, still we do not want to go to the extremes and believe just as Dr. Pratt teaches. It is a regular blower that deceives some people, still there is a good deal of truth brought out in it.

In regard to Dr. Whidden's paper, he does not give anybody a chance to find fault with it. So far as he goes he has gone very carefully. He refers more particularly to antiseptics and aseptics. It may not be out of the way for me to express my opinion in regard to them. I have done that in writing but in talking to you in this way it may be a little more clear to you.

There is not a particle of doubt in my mind, I think it is proven conclusively, it is proven beyond a question, and everyone who investigates the source of infection knows, that inflammation is caused by some poison coming into the wound and into the system of the patient. I think everybody believes in this whether they believe in germs or not. I don't say germs, I say some poison. I think the evidence is entirely in favor of this being a germ, but whether it is a germ or a poison it is just the same. The first object should be to keep this away from the system. The question comes up are they not in the system already?

The doctor says he believes the vagina is aseptic. In a diseased condition the matter is changed. If we have a fibrous tumor to remove and are cutting down into the vagina through the abdomen, as I have been making the operation for the last two or three months, you have a different state of affairs, because if there is a diseased condition of the uterus, there is a diseased condition of the vagina. In such a case antisepsis backs up asepsis.

If you have asepsis you want to keep asepsis, or in other words you want to keep septic matter away.

I just went up to see a patient with Dr. Thompson. I got my hands soiled with pus, and I spent twenty minutes in washing them. I don't want any matter of that sort to stay on my hands. Every time before making an operation, like opening an abdomen, or an amputation where there is a large exposed surface, I spend half an hour cleansing my hands. I soap them and wash them, and soap them and wash them. I clean my nails, I don't use a nail brush, I am afraid of it. It cannot be kept clean. I believe serious infection, nine cases out of ten, comes from the hands. In some cases I keep my hands in the abdominal cavity two hours. Now every particle of dirt that was on them would be soaked off in that time, they would be macerated, my fingers show that they have been soaked all that time, and if there was any dirt on them it will have come off. I have got to use a great deal of care in getting my hands clean. If you cannot wash your knife clean enough in a little hot water and a clean towel, you certainly could not wash your hands in two hours and get them clean. It seems that a great many will strain at a gnat and get down a terribly big camel. In the matter of cleaning instruments, I know a man who would not use

an antiseptic, but would have his alcohol lamp and pass his knife through that. You can pass your finger through that same flame and not burn it either. What do you destroy in that way? I think that shows how many use and carry out the principle of sepsis and antisepsis. It is simply a form with many.

In regard to your hands, there is certainly septic matter on them if your hands have been in contact with septic matter at all. It will remain under your nails a long time and you must use a great deal of care there. There is one thing I have always maintained, that the air is pure as we get it here in the country and as we get it in a reasonably healthy locality in the city. There are no germs in the air. They have been making experiments in regard to this very subject. They would take a room like this room that had not been occupied. They would put their cultures in there, coming in very quietly and putting it down easy and they would get scarcely any growth at all, it would be just as they brought it in. Then they would come in and walk around and put their cultures in and there would be a large increase of the cultivation. Then they would sweep the room and it would be a great deal worse. This principle you can make use of in your own cases. Be careful and not have a great deal of stirring up. You want to have the room pretty clean, you can have them wash down the walls if they can be washed, but if you have a carpet and take that carpet up and sweep the room it would take six weeks or six months, I think, to get that room fit to put a patient in.

You remember, Dr. Sherman, we sent a patient over to your house. The patient had an abdominal tumor. We didn't think that we could remove it, but thought we

would make an exploratory operation and see. I got a nurse from the Massachusetts General Hospital, and she went over there and I suppose wanted to have the room all right so she tore up the carpet the night before, and I don't know but she did it the morning of the operation. When the sun shone across the room you could see the dirt in the air. We labored under a great disadvantage. We could not say much of any thing, but had to use antiseptics on her wound a good deal more than we otherwise should. We had some little trouble afterward, but supposing there had been certain kinds of germs in that room, we should have got septic peritonitis there that would have killed our patient. You have to watch every way and guard against them. The hands of the assistant and the principal are of the most importance. In obstetric cases, in making an examination, you have to be extremely careful about your hands and finger nails. I was very much pleased to hear what Dr. Whidden had to say on that subject.

Dr. Briry :—You speak of cleansing the hands, what do you cleanse them with ?

Dr. Boothby :—In the first place with soap and water. If I am afraid there is anything left after that I use a mercurial solution. I cannot use carbolic acid because it hurts my hands. I use bichloride of mercury. I have a preparation to put into a little water and heat it and hold my fingers in that a long time and press them down so as to push the flesh away from the nails and get it under the nails. I hold them in it from five to ten minutes. You cannot just dip your hands in. There is one of the mistakes in using antiseptics. If you do not soak your hands in the solution it will not do a bit of good. I would say

in regard to a clean wound of the abdomen, I don't use antiseptics in the abdomen at all. When there is a clean cavity I have tried to be careful and not put in a sponge or have anything go in there that is not clean and if I have done that I don't put in an antiseptic. If I have opened an abcess I am extremely careful not to let the pus run around in the bowels. I turn the patient on the side and pour pitcherful after pitcherful of hot water over it. That hot water is sterilized. It has been boiled and previously boiled cold water put with it to bring it to the right temperature. I do sometimes use an antiseptic on a diseased surface after I have cleansed it in this way. Very occasionally in a badly septic case I use an antiseptic in the bowels, but I am careful to protect the bowels so that it will not run around among the intestines where it is perfectly clean. That is the principal thing. In closing up the abdomen I first close the peritoneum by using an over and over stitch. I wash it with hot water, if we have been handling it, putting our hands down over that cut surface time after time for one or two hours and if there was anything on our hands it has come off. I don't know as it is necessary, but I do. After I close the peritoneum, I make the over and over stitch because it is done more quickly, I pour in the hot water and clean the abdominal cavity two or three times or for some little time, then I close the linea alba and fibrous tissues and bring them together with a line of stitches, and the same with the integument. But I frequently make two washings after closing the fascia. I think this plan of closing saves hernia. I have not had hernia in a hundred cases.

In regard to peroxide of hydrogen as an antiseptic I don't know as I should have a great deal of confidence in

it. It will help you to cleanse your pus cavity much more thoroughly, it is a very good thing and comes into use in a great many cases. But if you have not much pus, and you may have a septic case without any pus, I don't believe the peroxide would be of any use. It does work very nicely in a lacerated condition.

Q. What kind of a stitch do you use?

Dr. Boothby:—I use the over and over stitch. I use catgut and silk worm gut altogether. I don't use the silver wire at all, it is too stiff and hurts them too much when you pull it out. I use a stay stitch of silk worm gut putting it in with a button on one end and a button on the other, putting two or three stitches across, I pass in close to the edge and then outward as you go through the muscular tissues, and when you have got it around and out on the other side you have made a circle. Then press the central part together and close up any cavity that might be there, using for the three rows of stitches cat-gut altogether. I use the cat-gut altogether in tying any pedicle I leave in the abdominal cavity. I believe a great deal of disturbance comes from unabsorbable ligatures that are left there. I use nothing that cannot be absorbed. I never had any trouble with hemorrhages. I don't believe in secondary hemorrhages. There is no such thing unless you get a thoroughly septic condition. One case I did have where I had amputated an arm for purulent cellulitis like that the Doctor showed me to-day. The blood was so impregnated by the septic condition that it would not coagulate readily, then came bleeding. And I never trust to one ligature, I always put around the second one.

Dr. Whidden:—In reference to the vagina, what I said

was in reference entirely to obstetric cases. The paper says "under normal condition." Of course examination is going to show any condition that is not normal. Also in the paper I put a good deal of stress on getting an aseptic condition by use of antiseptics, if circumstances demanded their use.

Dr. Harvey :—I would like to ask one question. Whether it would have been any advantage in the ultimate result of that case if the operation had been done some hours earlier.

Dr. Whidden :—In some cases it would be of great advantage to make it earlier than it was done, but you will notice that the paper states that the patient was in excellent condition physically and mentally. In another case with similar conditions, if there were symptoms which did not seem to be of a normal character, whatever was necessary would be done at the time demanded. In other words each case must be treated by itself and not according to any other case.

Dr. Boothby :—In each case you would leave nature to do all that you dare to trust to it.

Dr. Whidden :—I did in this case.

ARTICLE IX.

Epithelioma Treated with Arsenicum Album, by E. S. Abbott, M. D., of Bridgton.

In the "Transactions of 1891" I read with great interest Dr. A. K. P. Harvey's paper entitled "A Case of Cancer with Treatment by Arsenicum Album," and very soon had a chance to put the treatment to a test. Mr. B., aged about sixty-five, had, some five years ago, a little growth appear near the inner canthus of the right eye. As it showed a disposition to enlarge he had it cut out once and I am quite sure twice, by local physicians, about one year elapsing between the operations. About one year from the second operation he went to the Maine General Hospital and had it removed, they making the diagnosis of Epithelioma. In a year's time he was in a worse condition than he had been before so he went to the Maine General Hospital again and this time they removed a large section of the skin, then took a flap from the forehead and transplanted so as to cover and fill in the part removed. This healed in rapidly and was a very successful operation, but soon ulcerated and in a few months' time was looking as badly as ever, so I advised him to try the Arsenicum treatment, as he had given the knife a good trial, and this he was glad to do, saying he would about as soon die as to go through another operation at the hospital. So in July, 1892, I started in by cleansing the ulcer with Carbolized Linseed Oil and then dusting it with Arsenicum 2x trituation, once a day. There was very little pain or smarting at first on using the Arsenicum, but it soon began to grow much

more sensitive. I continued this treatment for about three weeks at the end of which time the ulcer had become very sensitive and the Arsenicum had produced considerable inflammation wherever it had touched the skin. The conjunctiva was much irritated also. I therefore, stopped the treatment, simply keeping the ulcer clean with the Carbolized Oil and it commenced to heal at once so that in two months' time his wife told me it was looking the best and troubling him the least that it had for any time during the last three years. He went for three months or over before it showed any signs of troubling him again. Then he used the Arsenicum once a day for two weeks with the same results as before, that is of making it look angry and irritated while he was using it, but followed by marked improvement as soon as he stopped the applications.

He is a farmer, and was out last winter in all kinds of weather teaming. He has used the Arsenicum for the last eleven months about as I have reported, making one application a day for about two weeks and stopping it from two to three months, and though the ulcer is not healed still it has made no headway during the last year.

ARTICLE X.

A Study of the Eye in Relation to General Diagnosis, by W. V. Hanscom, M. D., of Rockland.

Two years ago it was my pleasure to present to this Society a paper on the relation of the eye to general diagnosis. This year it has fallen to my lot to be appointed chairman of the Ophthalmological bureau, and in casting about for a subject nothing presents which will or can be of so much interest or importance to us generally as physicians, as a continuation of the same topic. As physicians in general practice and especially in towns of smaller size, where no specialist is to be found, we are frequently confronted with eye troubles of various sorts, some of them serious enough to demand the most skilled attention.

Again, as homœopathic physicians in these very cases we are too apt to forget the importance of making an early and exact diagnosis as to the nature of the morbific change, and too prone to at once prescribe upon the totality of the symptoms presenting, both subjective and objective. By so doing we have no clear conception of the existing condition, and cannot possibly have any knowledge of the part played by the remedies prescribed in removing the pathological condition. All rational and correct treatment depends primarily upon a proper and correct diagnosis. How futile the attempt to treat disease in general practice, unless we are fully aware of the diseased conditions with which we have to deal. In general diseased conditions it is a matter of routine practice to examine the pulse and tongue, listen to the respirations and heart, in-

quire about the bowels, analyze the urine, ascertain the temperature, and in fact learn all that we can from a close objective study of the case. It would not entail much more labor or time to examine cursorily or carefully as the case may be, the eye, that organ which tells so much both of itself and of conditions entirely remote. There is no other organ of the body which presents itself both externally and internally for the examining physician. Why then should we neglect it?

A cursory glance at the eye will tell us whether the lids are healthy, or whether red, hyperæmic or œdematous, whether the lashes are regular or irregular; the conjunctiva both palpebral and ocular will show whether it is clear white or not; the cornea will show diseased conditions if any are present; it is easily apparent if stillicidiums (or leaping of tears) is present, the pupils easily show whether dilated, contracted or immovable; the globes easily show whether their muscular action is normal, and it is easy to determine contraction or narrowing of the visual field.

Contrasted with a person in rugged, robust health, with a clear, sharp cornea; bright, white conjunctiva; active pupils, responding to the stimulus of both light and accomodation; healthy lids and quick expression; we frequently see persons with a yellowish conjunctiva, indicative of a bilious condition and hepatic derangement, or pallid, pale, bluish conjunctiva showing an anæmic condition or a tendency to the strumous; a dull, hazy cornea expressionless to the extreme, showing a lowered and depressed condition of the vitality. Classed with this also is phlyctenular disease of the cornea and conjunctiva; numerous crops of styes, showing disorder of the repro-

ductive organs or of the digestive system; œdema of the eyelids indicative of heart or kidney affections; inflammation of the margins of the lids, or marginal blepharitis, pointing to some error of refraction or to a lowered condition of the general health. A characteristic appearance is found in Graves' disease with its rapid heart, enlarged tyroid and prominent and protruding eyeballs. Some profound central brain lesions show their first manifestations in the pupil though its intimate association with the spine through the sympathetic and the brain, through the motor oculi or third cranial nerve. A remarkable case is cited by Dr. Angell of spinal concussion where firm pressure over the vertebra prominens caused instant dilatation of the pupil, and immediate contraction again on relaxation of the pressure. In cases of cerebro-spinal meningitis we find contracted pupils. The Argyle-Robertson pupil which does not respond to light, but contracts under convergence of the visual axes is a valuable early indication of locomotor ataxia. The pupil often gives us the first clue in cases of poisoning, signifying what the poison has been and consequently the proper antidote. The pupils dilate in poisoning by Digitalis, Hyoscyamus, Aconite, Ergot, Stramonium, Belladonna, Strychnia, Cocaine, Hydrocyanic acid, Duboisine, Coinum and in opium narcosis near death. The pupils contract under the influence of large doses of Physostigma, Jaborandi, Tobacco, Alcohol, Opium, Anæsthesia; in Bromium and Sodium the pupils are first contracted then dilated and immovable. In health the size of the pupils does not vary. Inequality in size may be found in eyes whose refraction is widely different. It is also found after traumatism, in diseases of the nervous system and

in aneurism. "Von Graefe has called attention to dilatation of the pupil, occurring for a short time at different periods of the day as sometimes being a premonitory symptom of insanity, more especially of ambitious monomania." "Varying in quality of the pupils or a one-sided dilatation, now occurring on one side and then on the other is regarded by some authorities to be a serious premonitory symptom of insanity. Dilatation of the pupil is frequently a symptom of hysteria and epilepsy. In various forms of insanity, as a rule, the pupils are contracted or unequal and sluggish (60%. Albertt). In melancholia the right pupil is affected, in mania the left, and pupillary changes are observed in transitions from one to the other (Austin).

Dilatation of the pupil occurs when there is pressure on the brain and is more frequently found in brain disease, Contraction of the pupil occurs as a result of irritation of the brain, and is most frequently encountered as a sympton of spinal disease. Sudden dilatation of the pupil during chloroform narcosis is a very impqrtant danger signal. The following method of distinguishing alcoholic coma from that of fracture of the skull, apoplexy, etc., is given by Dr. MacEwen of Glasgow. "In alcoholic coma, as long as the patient is undisturbed the pupils are contracted; but if any stimulus not sufficient to arouse the patient be applied to him, such as a pull or a shake, the pupils dilate, only, however, to be contracted again as soon as rest is resumed." By the use of the ophthalmoscope many important changes occuring in the eye, either as a result of primary eye disease or dependent on some systemic trouble, are discovered that could not be otherwise. By this instrument we are made aware of the condition

of the cornea, aqueous, lens, vitreous, choroid, and retina. The blood-vessels and nerves are here exposed directly to our vision, and we may not only hear of disease but see it if it exists. Diseased states of the nervous system, blood and kidneys are manifest by changes in the eye. In eruptive fevers the eyes always bear watching. After measles we frequently find a catarrhal condition of the conjunctiva, also in those much weakened the cornea may be implicated and some phlyctenular disease may make its appearance. After scarlet fever we find hyperæmia, and sometimes keratitis. Optic nerve atrophy is often a consequence or concomitant of meningeal inflammation. Optic neuritis is considered by many authorities to be a very valuable diagnostic symptom of intra-cranial tumor. Optic neuritis in conjunction with loss of sight in some parts of the visual field, and paralysis of certain muscles of the eye, frequently not only make a diagnosis of brain tumor, but sometimes accurately locate it. Limited to one eye, neuritis generally indicates orbital disease. Loss of a portion or half of the visual field is an important feature in cerebral localization. If the loss of vision is binocular the trouble exists behind the optic chiasm. If uniocular, in front. Those cases occuring anterior to the optic commissure are most frequently caused by glioma or sarcoma, the two forms of tumor most frequently found in this region.

In kidney disease the eye furnishes unmistakable symptoms; the well-known retinitis albuminuria. With diabetes we sometimes find cataract. In heart disease we often find eye affections. Tuberculosis is sometimes accompanied by the development of tubercles in the choroid. Leucocythæmia is often accompanied by reti-

nal hemorrhages, and sometimes with general haziness of the retina. Progressive pernicious anæmia has a strong tendency to retinal hemorrhages. Rheumatism is a freqent cause of eye difficulty. Iritis is most frequently found either as a direct result of rheumatism or an accompaniment of it. Gout is also a cause. The scrofulous or strumous condition is a fruitful sourcé of eye disease. Entozoa find their way into the eye. The commonest parasite found in the intraocular region is the "cysticereus, cellulosæ." Megrim and neuralgia of the trigeminus are causes of eye difficulties.

This subject is one, the discussion of which could be prolonged indefinitely, but space forbids. Suffice it to say that it is one of very great importance, and one to which the practicing physician should apply himself carefully. So many things are to be learned, not only of the eye itself, but of general conditions, that it becomes at once a field worthy for us to labor in.

DISCUSSION.

Dr. Boothby:—I would like to inquire of Dr. Hanscom if he has had any experience in the treatment of cataract by internal remedies?

Dr. Hanscom:—I can't say that I have.

Dr. Boothby:—I ask the question because several months ago I saw an extract from a noted London physician, I forget his name, in which he said he had cured cataract by internal remedy, and that he had cured several cases by prescribing the same remedy.

Dr. Hanscom:—I will say in some conditions of the haziness of the lens when tired, a close prescription for the systemic condition might do away with the

haziness of the lens; but when the cataract was of the hard variety I never knew it to be of any good.

Dr. Boothby:—There is a specialist that pretends to cure cataract by remedies. I know a lady who says she had cataracts and says she has got well. I am curious to know if such a miracle took place.

Dr. Hanscom:—I will say if the physicians will give their attention to this matter they will completely surpass the allopathic school in the treatment of the disease. If one will take the pains to look over their materia medica and therapeutics they will see a great paucity of remedies. It is most all done by resort to a surgical operation.

ARTICLE XI.

THOUGHTS ON GYNECOLOGY, BY LYMAN CHASE, M. D. OF KENNEBUNKPORT.

Dr. Hughes has published a series of lectures on the "Knowledge of the Physician." This life is all too brief for any one man to compass these necessary knowledges. Gynecology! The science of diseases to which women are subject! Think of it. You must first know man as to his physiology and pathology—that is, his normal condition and working, and then the deviations from that state. The knowledge of man in health; the knowledge of man when disorder has caused rebellion, anarchy.

But woman is man and more! The entire reproductive system must be added. I have sometimes thought that after man's physical nature was in working order then there was added the great sympathetic nervous system—its filaments interwoven with those of the spinal nerves and penetrating every internal organ.

Ah! here is labor, here is perplexity! When you realize that female genital lesions send their telegraphic expression to organs remote from the organs of generation, and how hard, with reference to genito-reflex neuroses, it is to differentiate between the physiological and the pathological—that is, between what is nature and what is the result of disease—you will realize that the real physician will find little time for leisure or recreation.

As some one has said—"the pneumogastric system forms a bridge uniting the central portion of both nervous systems" so reacting on the brain as to give rise to that

storm of symptoms located at the "pit of the stomach."

Now suppose you know woman whole as "God's last best gift to man"—and then woman, after she has partaken of the forbidden fruit, pathological woman as she will present herself to us. With what armamentary can Homœopathy meet her wants and fit her to fulfill with comfort and pleasure the great end of her being? Does your eye or imagination go forth to those well-filled oblong grip-sacks—the modern peripatetic sign of the gynecologist!

Would that we might relegate these with their companions of the rectal expert to our brothers of the "Rational School!" They, poor souls, having nothing better are at their wits' end. They must explore, canterize, scissorize, cut, sew up!

Here is a woman—not merely a *female*—a *woman*—with that beautiful system, her hope and her joy. A wonderful operation has been successfully performed. Only the uterus with its appendages have been removed—this is all—she is neither man nor woman—but surgery is triumphant!

We, brothers, have our Materia Medica. True, there are cases where only a fragmentary life can be given—but surely a knowledge of Materia Medica will render their numbers fewer year by year. It was not Hahnemann who created the feminine wind-flower, Pulsatilla, or stored the bag of the cuttle-fish with its treasure. The instinct of the American Indian discerned the femininity of the Squaw-root; but *He*, who dowered woman with all her physical wealth, placed these treasures in earthen vessels that when He, "born of a woman," could no longer be present, to cast out the demons or to say potentially "wilt

thou be made whole?" He gave to us the commission to discover and faithfully apply the remedies thus given. Surely, past successes are sufficiently encouraging. Fibroids have disappeared; ovarian cysts been destroyed; uterine misplacements been restored, and childbirth been made normal and almost painless. Miracles have been wrought by potentized drugs and life made a blessing indeed!

Brothers! All of us have had mothers, grandmothers. Can we recall their noble forms and happy faces? Many of them brought up families numbering from six to twelve. These mothers or grandmothers did their own home work until the girls grew up to help and care for the late comers. Yet many of them lived to see their children's children growing up and honoring their gray hairs. And this, mind you, in spite of the deadly lancet, calomel and the purge. Octogenarians, some of them, who lived and went to Heaven, ignorant of the existence of a science of Gynecology or of the possibility of pockets *behind*; of condlylomata and like growths taking advantage of darkness and position to form masked batteries upon the centers of life! It was once taught that the seat of life was at a point where the brain joined the spinal marrow, and that the introduction of a needle just there would instantly extinguish the vital spark. The orificial expert to-day contradicts all that. "Know you not," he says, "that the very center of the organization is to be traced to the opposite end of the *primæ viæ* the seat of disease and thus the center of life has been located in the rectal system." Cases there are that will baffle the skill of the physician where surgery must yet find its place. Let us labor to discover the remedy somewhere waiting our quest, which will decrease their number year by year.

ARTICLE XII.

Some Cases in Gynecology, by W. Scott Hill, M.D., of Augusta.

In compliance with the request of the chairman of this bureau I give a brief history and treatment of a few cases properly coming under this section—gynecology—embracing "more especially those morbid processes and mechanical deviations of which the principal seat is the sexual system, that is, the ovaries, uterus and breasts."

The first case is that of an unmarried lady, about twenty years of age, a well developed brunette. She had been under the treatment of old school physicians for a long time before coming to me. She had been told that there was a serious uterine disease but the nature of it she did not know. The treatment had been with local applications which caused a great deal of pain and made her nearly sick for several days. In sheer desperation she came on May 19, 1882 to know if Homœopathic treatment would be of any benefit. She could not fix the time when she first noticed that her health was failing, but it was several years before, and it came on gradually. There was no pain worth mentioning, but a feeling of lassitude and nervousness she could not well describe. The aggravation was about the time of her menses. There was some dysmenorrhœa, with headache and a generally disagreeable feeling, followed by a tired feeling and an unnatural irritability and an inclination to weep though she could not tell why. This would continue a week or more, followed by a period of relief till near the menses, which

were quite regular as to time but varied in quantity, when the same condititition would be repeated, with a gradually increasing aggravation. I think the discharge was darker than natural though I am not sure of this. At the time of her first visit to me there was a marked tenderness in the ovarian and pelvic regions and a sensation of weariness. She was low spirited and could not keep back her tears as she related her treatment and sufferings. There was an anxious expression, but no cachectic look. The majority of her answers were indefinite, though there was apparently no attempt to evade them. After all the suffering from the local treatment, there had been no improvement; on the contrary she had grown worse. A vaginal examination was not deemed necessary. The first remedy given was Cimicifuga followed by Nux vomica and later by Pulsatilla. This treatment was continued until December when she was apparently as well as ever. There was no vaginal examination or local treatment of any kind from first to last. This is, I think, a good illustration of the cases where the seat of the disease is in the ovaries, and treatment by caustics as there had been in this case was worse than useless. The aggravation began when the menstrual period was approaching with determination of blood to the ovaries and pelvic organs. For this particular condition Cimicifuga was prescribed. For the lassitude following the menstrual depletion and the mental condititition Nux vomica seemed the proper remedy Improvement began at once. Later as improvement progressed and conditions changed, Pulsatilla was indicated particularly by the lachrymose state, (my experience is that the complexion indication as given in our text books is very unreliable) and the pelvic soreness. Her pre-

scriptions were as follows, Nux vomica eight times, Gelseminum twice, Lycopodium twice, Puls. twice, Bell. and Lach. one each. The cure was permanent.

Case II. The notes of this case have been mislaid and the deficiency has been partially made up from my visiting list.

This was an unmarried woman, about sixty years old, who called me May 18, 1890, for an enlargement of the abdomen, which she attributed to a severe injury to right hypochondrium some six months or more before. As careful an examination as I could make convinced me that she had an ovarian tumor, the ordinary unilocular cyst. The following day Dr. G. W. Martin saw the case with me without knowing my opinion. A very thorough examination was made by him, and he too called it an ovarian tumor. As the differentiation between ascitis and ovarian cyst is not very difficult, I see no reason to doubt the correctness of the diagnosis. She was several inches larger than her usual measure, and continued growing larger until operation was decided on, in preference to tapping. Owing to the extremely hot weather it was thought best not to operate until later in the season. Pulsatilla, Rhus. tox. and Bell. had been given as palliatives. September 14, the dyspœna and distress was so great that she begged me to do something to alleviate her suffering. Colocynthis was prescribed in low potency, third decimal, I think, and to be taken at frequent intervals. Two weeks later, to my surprise she wrote me of a decided improvement. It should be stated here that after the liquid began to disappear she was greatly distressed by gaseous distension of the bowels for which she took Lycopodium, with very marked relief. I should have said that

September 14, she measured thirty-nine inches around the nude abdomen. In her letter she said she could breath much better and was not as large. Colocynth was again prescribed. October 14, I visited her again. She had greatly improved, and measured a little less than thirty-seven inches. The dyspnœa had nearly ceased and she could lie in bed in comparative comfort. From this time until November 12, when I next visited her, she took at intervals in addition to Colocynth, Arsenicum, Digitalis and Pa. as indicated, but the improvement was constant. December 7, when again visited all traces of fluid had disappeared. In the lower part of the abdomen a hardened mass could be plainly felt through the abdominal walls and there were many symptoms of adhesions, which prevented her from standing erect. She died suddenly October 18, 1891, from another cause. In this case no claim is made that Colocynth was the curative agent, as it may have been a spontaneous absorption, but there was no escape of the fluid through the natural outlets. Had she submitted to an operation for the removal of the cyst, as I believe it was one, the chances of recovery would have been very much against her, owing to her debilitated condition. The case is reported, fully realizing that *post hoc* is not necessarily *propter hoc* and that the medicines given may have had nothing to do with the cure.

Case III. In the two preceding cases medicines alone were employed in the treatment. The following two are selected as illustrating diseases where delaying medicinal treatment is worse than useless.

A married lady, aged about 45 years, the mother of five children, called me to treat her for severe menorrhagia, April 11, 1888. She was anæmic for several months

profuse flowing at short intervals. She described her case as one of common excessive flowing at the change of life. As she lived a long distance in the country I did not see her often—sending medicine to her. July 13 I visited her and made an examination with the speculum. The cervix was greatly enlarged and elongated. There was well marked epithelioma involving both lips of the os uteri —the variety usually designated as cauliflower excresence. It was so far advanced that in her very debilitated condition an operation for its extirpation was too hazardous to attempt. Various caustics as acidum nitricum, lunar caustic, acidum chromicum were applied at intervals to destroy it. The constitutional effects of the chromic acid were very unpleasant from its rapid absorption. The disease had steadily progressed until the portions first affected had been sloughed away and a cavity formed involving the lower part of the body of the womb. To arrest the hemorrhage, Ferri persulphate had been freely used. The case looked hopeless. As a last resort it occurred to me to use bromine as an escharotic. The diseased, cavity was filled with a thick, dirty, white discharge which was cleaned away leaving only the raw surface of the epithelioma. A four per cent. solution of cocaine was applied to it, and its constitutional effects closely watched; but as far as could be observed there were none; the healthy parts around the end of the speculum were protected by absorbent cotton—then the bromine thoroughly and freely applied to the diseased surface. This was on Dec. 20, 1888, eight and one half months after my first visit. Jan. 2, 1889, I visited her again, and found the slough from the bromine separating slowly. An examination showed some

improvement and the bromine was applied as before with this difference—a pledget of cotton large enough to fill the cavity was saturated with a four per cent solution of cocaine and was first packed into the diseased surfaces and allowed to remain ten minutes. There were no unpleasant effects from it. This treatment was continued at intervals until April 16, when the last application was made. The next examination showed a healthy cervix and womb, all traces of the disease having disappeared. My last visit was July 27, when, though anæmic, she seemed in excellent condition. She went to visit friends in another state from which she wrote me a very cordial letter. A few weeks later she suddenly became violently insane; was brought back to her home where she died a few months afterwards. Insanity is, I believe, not an unusual sequel in cases of this kind. During the time she was under my treatment she took such medicines as seemed indicated for her condition, but bromine cured the ephithelioma.

Case IV.—The fourth and last case selected is interesting from the fact that the patient was past ninety-four years of age, and the disease the rarest of the malignant diseases of the female genital organs; an epithelioma of the left labium majoram involving the deeper tissues. The patient first noticed it some six or eight weeks before sending for me. It was seated over and involved the venous plexus and bulbous vestibuli. The operation was performed May 13, 1893. The parts, as you know are very vascular and at best considerable blood was lost, it being necessary to go quite deeply to excise all the morbid growth. The wound was touched in all parts with strong carbolic acid and closed with continuous carbo-

lized catgut suture. The patient rallied excellently from the ether and we left her an hour after the operation, leaving directions with the nurse in case there should be alarming hemorrhage, the branches of the pudic artery being short and prone to bleed. About four hours afterward a telegram was received, requesting me to come immediately. When I arrived the nurse said there had been a profuse hemorrhage, and described a condition which all surgeons recognize as shock, but she had rallied and was then comfortable. There was no further trouble, and the patient made as good recovery as one of younger years.

It may not be amiss to add a few more words in regard to the two cases of epithelioma. Pathologically they belong to to the malignant neoplasms, having their seat in the mucous surfaces. Both were of the cauliflower, or as more often designated in recent works, papillomatous, variety, growing and ulcerating rapidly in one case and growing rapidly in the other, and the only cure complete extirpation. So long as any portion, however small, remains the growth will develop. The seat of this variety is the vulva, clitoris, penis, rectum, or cervix uteri. In the case involving the cervix uteri, an operation by the knife would, in all probability, have been fatal. The employment of bromine was suggested from its excellent service in hospital gangrene, and the successful destruction of the malignant growth is especially called to your attention from the fact that it is not mentioned in Mann's Gynecology, Ashurst's International Encyclopedia of Surgery, Erichsen's Surgery and some others; only two authorities were found advising its use in such cases, though there are undoubtedly others. Its freedom from absorption gives it great superiority over many of the pow-

erful escharotics. The eschar separates slowly, from ten to fourteen days being necessary according to the thoroughness of the application, leaving a clean surface. In this case with cocaine used first the operation was painless. In far advanced cases where an operation by excision is hopeless its use gives one more chance for life.

DISCUSSION.

Dr. Boothby :—I have been very much delighted to-day with the position this society has taken and the papers that have been read. There has only been one perfectly ridiculous paper read, and I am sorry the one who wrote it is not present, because I should speak a little more strongly than I do now. Such remarks count for nothing, we get them in almost every homœopathic meeting. I am very glad that the only lady present at this time has taken such a reasonable ground in saying that she relieved a case for the time and then it came back again. I know a certain class of physicians that never say that. They always cure, absolutely. I am a little struck with Dr. Hill's cases that after they were cured they died. He appears to have had two of these cases die in that way. In one case the flowage passed off, but the patient was not well according to his own statement. It is quite likely there was a pus cavity and it is quite likely she died in consequence of it.

I examine abdomens every day of my life. There is scarcely a day I do not examine some abdomen. I know it is difficult to distinguish between ascites and ovarian tumor. It is not certain that there was not ascites in this case. I believe that a large portion of these diseases are syphilitic; are transmitted from men that had syphilis before they were married and thought they were cured.

A large number of persons pretend to practice gynecology who are not gynecologists. I have nothing to do with them or any other pretender who is not what he pretends to be. If they make a specialty of that they can work a good deal of injury for a large number of gynecological cases will require surgical operations in order to get well. Every one knows this very well, it is not a matter of question at all. Suppose in some of these cases you do not make any examination and you have got a pus cavity, soon your patient begins to go from bad to worse until she dies. Suppose you have an endometritis with puriform discharge as we frequently do, and the endometrium is entirely diseased. It would take an enormously long time to make that diseased womb absorb that, so we take it out in half a minute by dilatation and curetting, and we don't need any of that kind of talk about Pratt's idea in regard to the outlets of the body either. Anybody who has studied gynecology at all, knows there is a great deal in the contraction of the sphincters and the outlets of the body. It is not all, but it is something. We all want to meet these cases. After you have given your remedies a fair trial in cases of suspected cancer you want to get them out of your hands and into those of a surgeon just as soon as you can.

Dr. Whidden:—In epithelioma of the cervix uteri palliative treatment is simply time wasted. It is true that such cases often do not come to the physician's attention until in a very advanced stage, but as soon as recognized they should be operated upon and not palliated. The earlier the operation the better the hope of a complete cure, for epithelioma is a local trouble in its beginning. As it grows larger the lymphatics become progressively affected and the difficulty of complete removal of diseased

tissue becomes greater. Nevertheless, a very large growth, one filling the vagina, does not mean that success in the way of a cure is impossible, for its removal may not be followed by a return of the tumor. I am speaking now of epithelioma of the cervix growing downward into the vagina, not of carcinoma extending to, and implicating the vaginal walls. Quite a proportion of cases can be be prevented by operating on unhealed lacerations of the cervix. Undoubtedly such unhealed, eroded tears serve as starting points for cancers, which would not have come if the soil for their germination had not been at hand. Prevention is even better than early cure. Yesterday I had the pleasure of examining a patient upon whom I operated two years ago next month. She is well and has gained forty pounds. There is no indication of a return of the trouble. This is an exemplification of the statement that a large tumor of the cervix, attended with a great deal of hemorrhage and loss of health and strength, does not preclude the hope of cure.

Another case upon which I operated three months ago, making a high amputation of the cervix and removing a good deal of vaginal tissue, I do not feel so sure about. She is up and about, gaining in health and strength, but there had been too much palliation and the disease had got a big start. The physician in attendance had for six months or more been making applications and giving astringent injections in the attempt to stop the hemorrhage and discharge. It was simply time wasted. If in the beginning, instead of that treatment, the operation had been made, the patient's chances would have been vastly better and the present doubt of ultimate cure would have been that much lessened. And so it would have been in the cases reported.

ARTICLE XIII.

CAULOPHYLLUM IN DYSMENORRHŒA, BY CORA M. JOHNSON, M. D., OF SKOWHEGAN.

Most of doctors are apt to have certain pet remedies and one of mine is Caulophyllum, since it has done me such good service in dysmenorrhœa of young girls—spasmodic uterine colic with feeling of fullness and congestion in the uterus.

The following is a letter from a young lady whom I have never seen which I transcribe as giving "the case." She wrote.

"Some over a year ago I began to be very lame during every monthly period. (I attributed it to my taking cold, sitting on the ground at a previous menstruation.) For three or four days at each period it hurts me very much to move my feet or attempt to raise them. I tried to be very careful, but the trouble increased and finally I was taken with severe colic spells. The pain would commence usually very low down a little to my left side and extend and increase until I could bear no weight anywhere on my bowels and then I would be very sick to my stomach. These attacks sometimes would not be at the time of my period but a week or more before and then I might be quite comfortable during the menstruation. I consulted a physician who gave me Tinct. of Pulsatilla, telling me to take it right along for several months. I think I was a little better after taking it, but it seemed to weaken me, and after a month or two I discontinued it. For sometime since I have been troubled with a very dif-

ferent kind of colic. It seems to be wind in my stomach and bowels and sometimes is so severe that I cannot straighten out. I know however it is caused by the same things as the other attacks for my food never distresses me. I have no trouble with my bowels and have a good appetite always. I have at least two bad attacks of this colic every month—one usually just before I commence to flow. The last two times I have suffered very much for two or three days. All the time there is a sore, lame feeling in my abdomen. I notice it most when sitting. It hurts me to get up and down. I feel better when standing erect but become faint after a little while. I usually walk a great deal but now it jars me, besides often bringing a touch of the colic. I am a teacher twenty-three years old. It seems such a hard, long journey to Skowhegan, can't you send me medicine as you did my friend Miss C. etc., etc."

I forwarded Cauloph. 3x to be taken three times a day right along, and also some powders of Colocynthis for the colic attacks when they should come on. She wrote me in the course of several weeks that she had had but two attacks of colic since she began to take my medicine and those were during the first week after she received it and were so slight that she did not resort to the powders I sent. She had menstruated twice and had not got on so comfortably for a year. Last week I heard from her again. She said she felt that she was quite cured of her old trouble, but as she was going West she wanted a large supply of those pills in case it should recur.

Dr. Nancy T. Williams:—Some five ago there came to me a woman about 55 years of age complaining of a dirty, bad smelling discharge from the vagina. On examination I found a very decidedly nodulous condition of the neck of

the uterus covered with a soft, spongelike deposit. This easily gave way to pressure, discharging a dirty, bloody matter, well loaded with broken-down tissues. After rubbing off all the soft substance possible I made a liquid application of phytolacca tincture, giving the 3x of the same remedy internally. I continued the same treatment, making the application every fourth day, and after a time the dirty, bloody, bad smelling discharge grew less and less, giving a complete cure of the trouble which up to this time has not returned. Another similar case, though not so far developed, received similar treatment with equally good results; and now another in a still earlier stage has made an equally good recovery by using the same remedies.

I am sorry to say that I have no paper to present to the meeting to-day, for the reason that in going over some of the cases of dysmenorrhœa that I have treated with a good deal of satisfaction at first have, after a time, proven utter failures as regards the remedies first used. I have taken comfort and hoped that there would come a time when some of the previously successful remedies would do the work. Must one go from one remedy to another for relief when the symptoms given are the same, and then it will seem as though nothing but the presence of the phyician would do the work. I have never failed with one remedy or another when at the bedside, to give relief. This is good so far, but what I very much wish to find is something that when it relieves in my presence is ready to do the work in all similar troubles. Cham., Caul., Coloc., Puls., Virburnum Cimicif., Macrotin, and others have given all the aid needed each in turn for a time, and sometimes other remedies, then one or the other or something else must be called into use. I have hoped in all these years

past and still hope to find something that will continually give its help when well selected in these cases, giving relief at future times as well as the present. A few cases of success and of failure were cited.

Dr. A. P. Heald:—I will say that for difficult menstruation I have found one thing that worked better than anything else, one thing that I believe has helped me in the greatest number of cases, and that is Viburnum Opulus tincture. I get better results from the tincture than from the compound.

Remark:—I would like to say that it is conceded that there are some conditions of patients that no remedy will help. Occasionally, more than occasionally, these cases are helped by dilating the cervix.

ARTICLE XIV.

A Few Every Day Cases, by E. S. Abbott, M. D., of Bridgton.

Mrs. B. aged about 38 years has one child four years old with no other history of pregnancy. She made a very good recovery from her confinement, and did not have any very troublesome symptoms until about one year ago, when she would be taken suddenly with frequent and painful micturition, there being a great deal of scalding and burning pain in passing the water and an almost constant desire to urinate, with more or less bearing down pains through the pelvis. Her bowels which are generally constipated would be obstinately so at these times and still there would be a tormenting urging to stool, which would accomplish nothing. These attacks would come at or very near the menstrual period which was regular and normal. I tried the usual remedies and while I could relieve these symptoms with Cantharis or Belladonna, still the next month they would return as severe as ever. On making a local examination I found considerable irritation and inflammation of the vagina, a stellate laceration of the cervix with chronic inflammation and hypertrophy, all of the organs being very sensitive to manipulation. There was a very slight ante-flexion of the uterus which was easily replaced. I used packs of Glycerine, Hydrastis and Calendula once a week for about two months with marked improvement, changing then to Glyco-Boron suppositories large rectal size, and using one each night for as long a time as there was any of these symptoms after

each menstrual period. She used these for about three months, generally using about four suppositories, each month, when she seemed completely cured of these symptoms and reported to me that she was feeling better and stronger through the pelvic organs than she had before since the child was born.

Mrs. R., aged 47, the mother of one child, passed through the climacteric period at the age of 38, and came under my care for organic heart disease. The pulse ranged from 110 to 140 and was very weak and irregular. She had a history of inflammation of the left ovary just before the climacteric. She had had no menstrual discharge for nearly nine years till about the time I took the case when there would be a very slight bloody discharge, just enough to soil the clothing, lasting but a very few hours. These attacks would come quite regularly every six weeks and followed by diarrhœa, though the bowels were naturally constipated. With these conditions alarming symptoms of depression of the heart would present with coldness of the extremities, hard breathing and numbness of one foot and leg. This numbness generally attacked one foot at one time and the other the next. At one time there occurred a partial paralysis of the face and throat which lasted for several weeks. These attacks were so severe that in several of them it seemed she must die. Then she would gradually rally and slowly gain until the next attack. There was tenderness and considerable pain about the left ovary, a sense of great weakness and bearing down in the pelvis; and she complained of many bad feelings in that region, which she could not describe. This being a case of organic heart disease so far advanced that the only hope was to keep the patient as comfortable

as might be, I tried nearly all of the heart remedies and finally settled down to Digitalis and Strophanthus in alternation beginning with the first decimal dilution and increasing the dose as need came and these held her up for some eight months. For the pelvic symptoms I used the Glyco-Boron suppositories with very pleasant results; they not only acted in a soothing way locally but would seem to quiet the whole nervous system. As the bowels were much constipated the suppositories were used for that also with very happy results, one being sufficient to produce a good movement when she was so weak that an enema would produce alarming depression. They were a great help to me in this case and a great comfort to the patient for about nine months, she finally dying as quickly as you would extinguish a candle.

Mrs. B., aged 50 years, the mother of three children passed through the climacteric period two years ago. Previous to that time she had been troubled with, and was almost an invalid from uterine troubles too numerous too mention, besides being of a nervous hysterical disposition. With the cessation of the menstrual flow she had improved and considered herself quite nicely until a few months ago, when I found her complaining of sensation of heat and burning low down in the pelvic region and numerous bad feelings. On making an examination I found a polypus protruding from the external os and attached to the posterior wall of the cervical canal pretty well up to the internal os. This I removed by means of the forceps and treated the seat of attachment several times with strong Carbolic acid. Patient stopped complaining of these symptoms and has been well since.

Mrs. S., aged 28 years, the mother of three children,

the oldest 8 years of age. She has a history of three miscarriages. The first and third child had to be delivered with forceps, and when the second was born she had a very long and hard labor and slow getting up, though the child was born without instrumental aid. She is a very hard working woman weighing nearly 200 pounds, full blooded and subject to severe congestive headaches. Since her last confinement some eighteen months ago, she has complained when she would be on her feet much, or do two large washings in a day, of feeling as though all of the pelvic organs were coming into the world. Is regular with her menses, but has a very large flow and complains very much as though her back was broken off. Belladonna 2x and Helonias 1x alternated twice daily, relieved these symptons very promptly and she will get along very comfortably till she gets to doing from six to eight washings a week, then she sends for more medicine and it has never failed to help her. I have been greatly pleased with the action of these two remedies in alternation in this class of cases, especially in very stout, plethoric people where I have tried them many times.

"A FOOL'S ERRAND" BY THE CHIEF FOOL.

In the latter part of Feb., 1890, I was called to Mrs. R., aged about twenty-eight, who lived some nine miles from my house. I found her flowing quite badly. She gave me the following history. For over a year she had been perfectly regular with her menses up to the previous November when she had her usual monthly flow; but when it was time for her menses in December, she only had a very slight "show." As she took quite a severe cold at this time and also had some teeth extracted under

ether, she laid the scanty flow to these causes and thought nothing of it as she was feeling well otherwise. In January she had no menstrual flow at all though she was feeling well every way. Both she and her husband were very anxious to have children; but, though she had been pregnant two or three times, she had never been able to carry the fœtus over three months. She said at the time I saw her that she had been flowing quite profusely for four days and had passed some quite large clots which had been destroyed, but she was of the opinion that she was miscarrying at this time as the flow had weakened her much more than her usual menstrual flow did. Under the indicated remedies she soon stopped flowing and regained her strength and I heard nothing more of the case for three months when in the latter part of May I was called and found her flowing about as much as she did usually with her menses, but she said that though she had been feeling perfectly well since I saw her last, three months before, she had seen no signs of a menstrual flow until now. She thought herself pregnant as the abdomen was enlarging and she was having a fearful appetite, but there was no "morning sickness." This time she flowed about five days and stopped. Again I waited three months and was called in a hurry the latter part of August, when I found her having pretty severe labor pains about every fifteen minutes and flowing quite badly. She thought she was going to be confined at full term, but I told her at once it was not so as there was but slight enlargements of the abdomen though it did measure seven inches more around it than when she was well. She told me she had had quite a lot of "motion" for the last six or eight weeks. She had seen no menstrual flow since

I was there three months before, but had been feeling finely with a great appetite and no morning sickness. Under Secale and China the flow soon stopped and she was soon feeling as well as ever. About six weeks later I was called and found my patient suffering very much from nausea and vomiting which had been troubling her for two weeks. From the time of my last visit she had been feeling nicely for the past four weeks when suddenly she was taken with vomiting and had not been able to keep any food to speak of on the stomach since, had great thirst but could not retain water even, the stomach was so irritable. There was very little fever, the temperature never reaching 101° and *no chills*. The enlargement of the abdomen was fast going away although she was having no vaginal discharge, neither had she had since the end of the flow some six weeks before and at which time the abdomen was the largest that it had been. For over four long weeks I tried my best with remedies and every other measure I knew of to stop this distressing sickness of the stomach. Arsenicum did the best work. I tried nearly every kind of prepared food but the stomach would retain none of them, and of course the patient began to grow alarmingly weak. I made a local examination thinking it might be a case of molar pregnancy or that there might be some decomposing materials in the uterus though there had been no discharge until a few days before I made the examination and then but very little. The external os was found open, and in the anterior lip of the cervix what appeared to be a fibrous tumor about the size of a large marble. The sound passed into the uterus very readily and showed an apparent depth of a little over four inches. I then used the dull curette

which passed into the uterus the same distance as the sound had done. There seemed to be some granulations and as I curetted, the whole inside had an uneven feel. I also noticed that it seemed as though the fundus of the uterus was sagging down as the curette would not pass as deep there as at either cornua. The curetting caused a profuse flow of blood. This took place Tuesday, and the flow continued but was decreasing day by day until the following Sunday, when early in the morning she was taken with real labor pains and soon there came away a fœtus which they had destroyed before I had a chance to see it, but which from their description I should say was fully four months advanced, and that afternoon this was followed by a placenta which was two-thirds the size of the average at full term. Now this took place just one year lacking a week from the time of her last regular menstrual discharge, and during this year she had had an attack of flowing regularly every three months. The case made a rapid recovery after this Sunday, which I think the patient and know the doctor will remember for a long time. The fœtus was badly decomposed and in "looking backward" over the case I can only explain it in this way. Conception took place at about the time of the flow in May and the fœtus continued to develop until the latter part of September, when it died and the vomiting was occasioned by septic absorption, though there were no marked chills and only a very slight rise in the temperature at any time. That the uterus held this dead fœtus for seven weeks and that the enlargement of the abdomen all disappeared without any vaginal discharge and with no chills has always seemed very strange to me. Of course the motion which the patient said she felt dur-

ing July and August must have been spasmodic contractions of the abdominal muscles. The patient was regular with the menses for about six months, after this; then became pregnant again, went through her whole term without any trouble, and gave birth to a nice baby girl some eighteen months ago.

ARTICLE XV.

Sanitation, by S. P. Graves, M. D., of Saco.

This subject has been so thoroughly and ably discussed by the masters that there seems but little left to do but to gather up a few of the crumbs that have fallen beneath their table.

Perhaps then the first step in the consideration of our subject might as well be the question, What is sanitation? and what does the word signify? Webster makes it a synonym of hygiene. If this interpretation be accepted, the idea of which our heading is the sign, it seems to cover pretty extensive territory, and includes a pretty extensive class of creation and almost every circumstance and condition pertaining to the human family, so that a nice discrimination is needed for one to avoid conditions unsanitary on the one hand and avail himself of conditions promotive of health on the other.

Proprietors of sanatoriums tell us that we need a change of location and surroundings. The tradesman in some proprietary trash seeks to befriend you with the instruction that you might enrich your existence as well as perpetuate it by using his productions which may be said to be legion, from self-raising bread preparations to sarsaparilla compounds and their congeners, saline, acid, and effervescent draughts.

Another class of sapient humanitarians insist that you must cease using the water Nature furnishes and take Vichy and Apollinaris if you would attain health and longevity. All of these and many more of the same ilk seem to savor of the god of Mammon in one way or another.

That the injesta made use of, and the air respired have their influence upon the health of the race is not to be denied or gainsaid. Filth in every form is admitted, nay claimed, to be inimical to health, from whatever source it may emanate, or however it may be injested; whether with food, drink or air. To get rid of the filth if we may, to avoid it if we can, presupposes a knowledge of its source or origin as well as its mode of operation; and it is the hydra-headed monster that sanitation has to contend with.

If filth generates bacilli, bacteria and microbes, getting rid of the filth is sanitation and hygiene. In other words remove the cause and the effect ceases. But how to remove the cause. As though filth means but a single thing!

If we begin at the alpha of unsanitary conditions we must take an early start in the journey of life, in disposing of the exhalations and ejections from the organism, not one merely, but many, all; for the very moment independent existence begins the wear and tear of such existence is attended or supplemented by waste. And if the waste of Nature constitutes filth as generally understood, decay of any substance, animal, vegetable, or gaseous, gives rise to impurities in the air we breathe, the water we drink, and the food we ingest, so far their relations produce contact.

House plants should not be permitted in sleeping apartments because they exhale carbonic acid gas, just such as breathing animals exhale from their systems by respiration. Surcharge of the air by this gas renders it (the air) unsanitary, unhygienic. Creative Wisdom has done all she can to obviate the difficulty by giving this gas greater

weight than air, and a stronger affinity for moisture,—I said does all she can—for man in his superior wisdom and a desire or determination to lead, by what he is pleased to denominate economy, makes his rooms too small to allow Nature or Creative Wisdom a chance to furnish him, on her own beneficent principles with a sufficient amount of pure air to prevent his well-created corpus from becoming filthy with its own waste. Nor will he cease his warfare against his Creator at witholding space and overcrowding or too numerously peopling his economic rooms, and in many things besides doing things antagonistic to his well being either from carelessness or ignorance. It cannot be charged to the latter in many cases, for by far too many persons who know enough of some things, shut their eyes to consequences and will not be content until they do what they can to counteract or undo what Creative Wisdom does to provide pure air for their sustenance and comfort.

Let the advanced scientist expatiate upon microbes, bacilli and such, create boards for their extinguishment at public expense, then preach about sterilizing the food of children and invalids, while his own system and garments are saturated with nicotine enough to contaminate the air all about him to such a degree as would put to shame the most audacious microbe that was ever propagated by "culture" or any other process.

So much practically for the microbe theory, which goes to show that Nature has made a most egregious blunder, either in making microbes, or in making men so stupid as to overlook them until this late day.

Who may tell what the result of the banishment of the adulteration of food and the deadly cigarette might

have been if only a fraction of the energy and expenditure that have been put forth against the invisible microbe, had been made against the food and air adulterations.

Who cannot see what national, state, county, and town boards might have accomplished for the health and comfort of communities, as a *quid pro quo* for the compensation communities are compelled to make such boards, which are sometimes naught if not political vampires.

ARTICLE XVI.

The Disposal of the Dead, by James C. Gannett, M. D., of Yarmouth.

I requested to be placed upon the bureau of Sanitary Science, because I wished to bring before the Society for its consideration a subject which should naturally come under that bureau.

As physicians we should be always on the outlook for advancement in whatever will inure to the highest welfare of mankind; while our very existence as Homœopathists, guarantees to our fellow men that the best of the newest in science, medical and sanitary, shall be given to them. As Homœopathic physicians let us not be slack in our consideration and advocacy of any measure which shall help to keep away sickness, to preserve health. Let us not ignore but take our stand upon the questions of the day; thinking of them, working upon and for them; talking about them; and always with an eye single to that which shall most benefit our fellows.

To this end our efforts should be put forth in no half-hearted way, nor should any branch of medical science be neglected. The science of sanitation is one that comes very close to the people and in which the people can and will work with scientists, and to which scientists are strongly turning at the present time, many raising it to the place of first importance.

In connection with this branch of science there is one line of study deserving of fully as much thought and research and decided action as any relating to our welfare as

individuals and communities, and that is the question of the disposal of the dead. And this is the question I wish to discuss with you to-day:—How, in what form, shall we lay our dead away? Truly the subject should be approached with the tenderest feelings yet with the calmness of enlightened reason.

From the earliest historical records to the present men have died and in some form or other the deserted tenement has been cared for by friends. Methods have varied at different times and in different countries and under different conditions. The ancient Egyptians embalmed their dead, using processes at once slow, complex and expensive. The Chinese from earliest times have practiced earth burial, influenced no doubt by tradition and superstition. Other nations, Greek, Roman, long before the time of Christ, buried their dead in the ground or in tombs. But before the advent of the Christian era, cremation became the almost universal method employed except among the Egyptians, Chinese and in Judea. And even the Jews in times of the plague adopted it. It was not until the end of the fourth century of our era that earth burial again gained a foothold among these nations.

The study of the causes leading to the adoption of this method presents an interesting field for research into national, religious and secular history.

The present working of methods, the results attained through them, their practicability and usefulness concern us, and to their consideration we should give our best powers, believing in and adopting the best.

No false sentiment of respect for the dead should cause us to cling to a system when proved to be based upon false or wrong premises, nor should we hasten to adopt

new methods on insufficient proofs of soundness or adaptability to the end. We should prove all things. We should hold fast that which is good.

Sentiment is good if backed by sound reason. Sentiment without reason, judgment, is apt to stray to folly, and folly is sure to work injury to some one in some way.

A right thing or act or way of doing is always right. A method may be allowed and so right under certain conditions, which under other conditions would be altogether wrong. A method is nearest the absolute right that entails the least possible hurt to any one or thing, and does the work assigned to it in the best possible manner. That which has worked the most of hurt in this world is the doing things from motives of self and not under the enlightenment of keen judgement from an all-round standpoint.

With the calmness of reasoning and reasonable beings, I believe we are ready to consider the subject which I bring before you to-day, and feel assured that the members of this Society are with me. Were I writing simply for you, my colleagues, my thesis would be but short. Desiring rather to present the matter for possible general consideration, the argument must of necessity be more prolix.

In the disposal of the dead four methods present themselves for our consideration, the first three of which are similar in effect, producing practically the same result. They are embalming with earth burial, simple earth burial, sanitary entombment and cremation. Of the first two I will speak presently. Sanitary entombment, a method advocated latterly by some, is based on the principle that the decay, putrefaction, of the body depends upon the degree of moisture in the atmosphere with the

fact of a moderate temperature. If the air was sufficiently hot and dry to promote rapid evaporation of the fluids from the body, putrefaction could not take place. Acting upon this hypothesis it has been proposed by some to establish, instead of cemeteries, vast mausoleums filled with niches, private chambers, family chapels, etc., receptacles for the remains of the dead. These buildings would need to be continuously heated to a point considerably above that of the living body, that dessication without putrefaction may advance rapidly. To my mind this method is open to great objection from the fact of the necessity for this continuous heat and the continually increasing area required for the continually increasing population in them especially in thickly settled districts. A little arithmetical calculation will easily show the impracticable nature of this method. Taking the death rate of a city like Portland for an example, with an average of fifteen deaths per week, each year would find additions to the crypts of seven hundred and eighty bodies, requiring a solid space equal to twenty-two thousand cubic feet each year, without making any allowance for passages, spare chambers, spare room in family niches, partitions, etc., which would doubtless increase the actual space required tenfold at least. And this in a series of years would require immense buildings with immense expense to keep them up and in use. And if such would be the result in Portland with its small death-rate, what buildings would be required in New York and Brooklyn with their annual death-loss of sixty thousand. Again the plan proposed cannot do away with one of the greatest dangers connected with the disposal of the dead, in that it provides no method for the destruction of the germs of infectious dis-

eases, the degree of heat employed not being sufficient. We would gain little in adopting this method over any at present employed except that the storage would be out of the ground. The soil would not be poisoned, the buildings and air would.

With the older processes of embalming we have nothing to do since none of them are or would be practiced at the present day, owing to the slowness of the process, the unsatisfactory results and the great expense attending them. It is an interesting study for one who has the time to devote to it.

The method of embalming now employed quite extensively by undertakers generally, consists simply in injecting into the vessels and cavities varying solutions, such as chloride of zinc, bichloride of mercury, sulphate or other salts of aluminium, or of arsenic; at the same time treating the surface of the body with baths of the same solutions. The preservation of the body is more or less perfect according to the perfection, fullness and care used in the process. Afterwards the body is deposited in the ground as in ordinary earth burial. The embalming in this manner is generally regarded simply as a necessary preparation for the funeral and burial, being practiced more to preserve the body pending the funeral than for purposes of ultimate or continued preservation.

Earth burial, in all its various forms, with and without embalming, is considered as one, for under whatever aspect it is viewed, it really is the simple consignment of the body to mother earth for gradual decomposition. With this decomposition of course comes absorption and distribution of the chemical and morbific elements of which it is composed or which live in it. It is no longer

useful as it is. Its specific service is concluded. Its occupant has flown and it is now only a mass of elements subject to noxious decay, the tenement of organisms due to disease and productive of harm. These germs have ever lived and thriven upon death. Dead tissue and this alone can possibly furnish a lodging place for living organisms. Life ever preys on death and flourishes by it. Our food is not food for us until its death is assured. None of it is ready for us to assimilate until its life is absolutely ended. Let a living organism be absorbed by another and it either dies and nourishes or lives and destroys in its own measure.

As living beings, germs or other, cannot enter into and nourish life, so neither can absolute life support and cause to live, any form of germ life. The germ may enter, but unless there is dead tissue ever so slight in amount for it to fasten and feed upon, it will die. The greater the amount of dead tissue the more rapid and effective will be germ propagation and increase.

The conditions obtaining in different parts of the world as operating in the matter of earth burial are most various, and different seasons of the year vary these conditions in every part. A location favorable for rapid dessication and disintegration at one season, presents an unfavorable condition of heat and moisture at another. The frozen season of our temperate and frigid zones but delay the process to make it more unhealthful in the warmer season of midsummer and the period of the disintegrating process is lengthened thereby. In Colorado, in Egypt, in Judea, the warm dry air of much of the year is favorable to rapid tissue change. The cold damp soil of much of our country favors slow metamorphosis with rapid and limitless increase in germ life.

And germ life it will be of its own specific kind throughout the ages. The germ of small-pox, cancer, yellow fever, cholera, tuberculosis, all are specific and will be reproduced as such under the favoring conditions of warmth and moisture. And these conditions we have in perfection in the earth in any part of our land, some parts of course providing them in greater perfection than others. With the most painstaking efforts the destruction of these morbific elements is but imperfectly performed and they are permitted to be carried through the soil circulation in every direction.

Careful research into germ propagation and destruction in cases of yellow fever shows conclusively not only that the specific germs of this disease do not perish in the soil in earth burial, even in months and years, but on the contrary the conditions under which decomposition of the body proceeds vastly favors the rapid increase in germ life, so that the cadavers and the soil surrounding them were found absolutely swarming with yellow fever germs. So it is with other contagious or infectious diseases. And even in the case of a body dead of a disease known to be innocuous, is it not the part of prudence at least to avoid. the soil contamination from decaying animal tissues? Certainly it is. Never is there a carcase of animal, large or small, permitted to decay upon the surface of the ground without an indignant public protest and an official order for its removal. Where? Into the ground. The ostrich, it is said, will, when pursued, hide its head in the sand and imagine itself safely hidden. So we in our short-sighted policy are apt to imagine that removal from sight and smell removes zymotic dangers. The fact is, such removal often places the effete substance under

conditions more thoroughly favorable to increasing noxiousness.

As all decaying matter is in its nature *materies peccans*, it follows that ground filled with human bodies in all stages of putrefaction, becomes not only noxious itself but causes the spread of poisonous fluids and gasses all about.

The history of neighborhoods in the vicinity of old burying-grounds fully bears out this statement, nor do we have to go very far from home for examples. In a town not far from my own home one of the cemeteries is beside the village church upon a knoll. The soil is light and gravelly, the drainage from it is perfect in any direction, the yard an old one and full, and there is not a well or spring in the whole village that is not contaminated from it, and illnesses of near residents plainly show the effects of it.

In the center of the city wherein I first spread my professional wings a cemetery lies, occupying two whole squares and surrounded on all sides by closely collected tenements mostly of brick. Typhoid fever is indigenous to the place and during one of the seasons I lived there, forty-three persons, living on the four sides of the square embracing the cemetery, were ill with the disease.

In our more sparsely populated districts we do not see nor feel the effects of soil and air contamination as do thickly settled cities. It is a well-known fact that the Paris cemeteries inflict headache, diarrhœa, and ulcerated sore throat on those living in their immediate neighborhood. Well authenticated facts go to show the evil effects arising from living in close proximity to even recently established cemeteries in various parts of the world.

The investigations of corporate and private cemeteries, the potters fields and church burying-grounds, in populous cities, show conditions terribly repugnant to one's feelings as well as directly opposed to every sanitary requirement.

In its best form, with every possible safeguard of sanitation thrown around it, earth burial presents enough of dangers to public health. With the evidence of carelessness, inefficiency and greed which are shown wherever official investigations have been made, permissions for earth burials and the establishment of cemeteries becomes a *serious matter* and one that should be *surrounded with the most thorough safeguards.*

Brooklyn, N. Y., is surrounded, a few miles from its business center, by a cordon of cemeteries, the last resting-places of hundreds of thousands of the dead of that metropolis and New York. In 1890 the number of deaths in the two cities was about sixty thousand and the larger part were interred in these suburban cemeteries. These cemeteries are owned by church and private corporations or by the two cities and are located within the boundaries of the small towns surrounding these cities, especially Brooklyn. The township of Newtown, L. I., contains within its boundaries one thousand, seven hundred and seventy-four acres of cemeteries, in which there had been interred up to Dec. 31, 1892, one million, three hundred and eighty-five thousand bodies. The sites chosen are usually the most beautiful, picturesque and elevated, so that the drainage would naturally carry the soil moisture with its contained morbid elements into the streams and lands ajoining. These streams thus become sewers or cesspools for these cemeteries, and the inhabitants suffer the penalty while comparatively helpless to prevent it.

It is difficult for us in Maine to imagine the conditions attending a burial in some of these cemeteries, especially in lots devoted to the poor, or the town or city charges. In fact they have become little else than dumping grounds. Trenches twelve feet wide, fifteen feet deep and long enough for present use are dug and the box containing the body lowered into it. The next body is placed on the first and so on till the tier is full when a little earth sufficient to barely cover it is thrown on. A second tier is made close to the first and so on, the end of the trench being left open all the time.

If a person buys space for one grave it means the possible interment in that small space of four or five bodies one above another in time, with the opening of the grave each time of a new interment.

Thus I might adduce fact upon fact, and they are facts, concerning the inhumanity of earth burial as practiced at present in many places, but this will suffice.

You may say such ways are not our ways nor shall we ever have need to resort to such practices or find such corrupt ways on investigation.

Did Trinity Church in New York think, when the graveyard surrounding that church building was opened, that it would ever be miles from the green open country? Did they ever imagine it so crowded? Did the projectors of the cemeteries in the vicinity of Boston's beautiful common dream of their being so rudely encroached upon by the ruthless hand of trade? What say the countless resting-places (save the mark) of the departed which have been ruthlessly torn up before the hurrying tide of business, the bones of the dead ones long forgotten but not less precious to some one in the past, carelessly shoveled in-

to a common cart and dumped into a common trench without even a mound to mark the place? And this in all its unpleasant features has been witnessed in one of our beautiful Maine towns in the not very distant past.

No man knoweth how rapid the advance in population, living or dead, may be, nor to what extent the greed of gain may possess men's souls even in this good old state of Maine. For know you! These suburban Brooklyn cemeteries are great money making concerns, our country is young yet, and many things may come to pass soon that we, poor fools, never dream of now

The sanitary or unsanitary conditions imposed on these suburban towns by the cities in their efforts to relieve themselves of unpleasant and unsanitary places, are all wrong. They should not be tolerated by these towns and some day they they will not be permitted.

No man has a right morally, and should not be permitted in this age, to have upon his own premises anything which shall endanger his own, his family's or his neighbor's health or life.

By the same law, no city has the right, morally, to maintain within its boundries anything which may be injurious to its citizens or its neighbors.

Further, no city has the right, morally, to acquire control of any suburban property by purchase or lease, or use any suburban property; nor has a suburban town the right, morally, to sell or permit to be used by a city neighbor, any part of the land within its boundaries for purposes involving a possible injury to the health of the community.

Strong statements, you say? It is a strong subject and should be dealt with strongly and *now* before the hurt be-

comes more serious. We might well hesitate before breaking up old and established customs were no measures at hand to take their places. "Any fool may tear down. It takes a wise man to build anew." In this tearing down and building anew wisdom has been shown, and while refusing earth burial a place we do not leave our dead to be the prey of vultures, winged or human.

This brings us to the fourth and last method proposed for the disposal of the dead—*Cremation.* A method as old as history and having a place in history throughout all time among some of the earth's people, it is yet a new method among civilized nations, from its revival by thinking people as a possible desirable substitute for earth burial. And I believe in Cremation. The more I study the subject the more firmly convinced am I that it is the ideal method for the disposal of the dead, viewed either from an æsthetic, financial or sanitary standpoint. Medical men and sanitary scientists favor the adoption of this method as giving a practical solution of the question I asked early in this paper.

The processes of tissue change which are constantly going on in dead matter reveal a slow form of combustion. There is a production of heat of low degree, oxygen is absorbed, carbonic acid and other gases are evolved, and as the tissues soften the soluble and watery elements become separated and carried away in the surrounding media, and there is left a powder composed of the insoluble and incombustible elements. In this slow, mild form of combustion the heat element is not high enough to affect disease or other morbific germs. As we have seen they are stimulated rather to greater activity, and are carried away with the soluble and watery elements, constantly and rapidly increasing in numbers.

And yet heat, superheat, is the surest, safest, healthiest disinfectant known, and the element, par excellence, to be employed to bring about rapidly, safely, cleanlily, pleasantly, and so scientifically, the *results desired and not obtained* through the slow, uncertain, unhealthy processes following earth burial. Heat, rightly applied, can be absolutely relied on. No germs can withstand its highly developed powers; no microbes are proof against its warm embrace. As moisture furnishes the best medium for the propagation and spread of infectious life so dry superheat is its most potent enemy.

At first thought we look with a shudder upon the proposed cremation of the remains of those near and dear to us. The forms we have loved we still think of with affection. But he who made the form a reality to us is flown and we cannot hurt the dead. They are beyond that. No quiver of a muscle, no shrinking of a fibre of dead flesh ever marked the touch of the heat element or the cold embrace of mother earth.

The natural processes of life are all species of incineration. The absorption of oxygen, and exhalation of carbonic acid gas; the absorption, metamorphosis and elimination of the diffierent elements and water are only accomplished by a process simulating that of cremation. So there occurs the absorption of life, its death and destruction by incineration and final throwing off from the body, momently, hourly, daily.

In our thought upon this subject we need to disabuse our mind of one thought that is ever present—the common idea of burning as connected with the living. It is a horrible fate to be burned alive, as we say it. And yet were the heat so applied at the outset as to at first touch the

centers of life, death would be instantaneous and painless,—probably as easy and pleasant a death as one could wish to die. Occasionally we learn with deep trouble, through the revelation of the opened grave, that some one has been interred before life was extinct. The incinerator gives back no reminder of hastiness and to the body no hurt, since the first wave of air from the furnace's mouth shuts out any possible consciousness of suffering.

In olden times all peoples, and in all times even to the present, savage nations who have practiced cremation have adopted the method of burning the body upon a funeral pyre, so called, in the open air. The noxious gasses given off in the process were allowed to escape into the atmosphere unchallenged, to the discomfort and hurt of the living. The higher enlightenment of the present age provides more or less beautifully built crematoriums, containing a chapel in which any desired service may be held; a room into which the retort opens, and the furnace. The gasses evolved during the incineration are, by the construction of the furnace, carried through the fire and thus purified escape by the chimney.

Cremation accomplishes all that the other methods do in the disposal of the dead, except the preservation of the form of the body. Embalming preserves the body more or less thoroughly and for a longer or shorter time, according to the care exercised and the materials, method and time used. But the result are more or less uncertain and in time are decidedly unsatisfactory to the sight of friends. So also in greater degree with earth burial. Who ever cares to look upon the dead face after earth burial for a period of a year or two? Sanitary entombment may preserve the body in form and feature to perfection, but it

seems a morbid taste which would care to have in view or preserve for looking upon, the form and face bereft of life and light.

It is written by those who have witnessed an incineration that the effects upon the mind have been happily disappointing. For where a feeling of repugnance was anticipated noue was experienced. Rather, as the body glided noiselessly through the doorway of the retort, amid clouds of rosy light which seemed to etherealize it, doubts and repugnance vanished, and universally have they become stanch supporters of the practice.

Cremation is a settled fact wanting only time and the spreading of a knowledge among the people of its advantages to make it generally adopted.

In 1849, Prof. Grim, of Leipsic, called public attention to the advantages of the old German custom of burning the bodies of the dead. Twenty-five years after, in 1874, the first modern crematorium was built at private expense in Milan, Italy. Lodi in the same country followed in 1876. Washington, Pa., U. S. A., had the honor of having established within its limits the third crematorium in the world, and its first incineration was made in 1876. Gotha, Germany, followed next in erecting one in which one thousand cremations have already been performed. Italy, Catholic country as it is, has so far shown the greatest willingness to adopt this method of any country. France, England, and Switzerland are in the lists. There are at present in the United States twenty or more societies laboring for the spread of the cremation sentiment among the people. In 1884, there existed only the crematory built at Washington, Pa., in 1876. Late in that year, 1884, a second was built at Lancaster, Pa. In 1888 eleven crematories existed in

this country, and in January, 1891, there were seventeen. Several more have been established since that time. In these crematories up to December 31, 1892, over two thousand cremations had been performed.

Some of the crematory buildings are most beautiful specimens of architecture, pleasing to the eye without and within, and comforting to the sensitive feelings in their arrangements for carrying on their specific work quietly and without ostentation.

The furnace being the most important part of the crematory great care and much thought have been given to making it perfect. The Siemens regenerating furnace, adopted in Germany and by Sir Henry Thompson in England is represented in a part of the crematories in this country, while others have adopted the furnace invented by Venini, an Italian.

The Siemens furnace provides for heating the retort or chamber of incineration, which in this is a closed, fire-brick built arch, by heat directly applied around it. The waste heat which would naturally be lost in the draft chimney is collected by an ingenious process and added to the directly applied heat, vastly increasing its power. In the retort of this furnace, of course, no flames can touch the body placed within it. The white-heated air, rosy pink from a slight addition of cool air as the door is opened to admit the body, is all that can ever touch the flesh while incineration is going on. This form of furnace requires more fuel for heating, but, once ready for a cremation, the process is very rapid, requiring but one hour to reduce the body of an average man to a weight of four or five pounds and a bulk of seven or eight cubic inches.

The Venini furnace, almost universally adopted in Italy,

to some extent in other European countries and our own, is called by some the most perfect. Certainly its principle of action seem sound, and it is a most economically heated furnace. Indeed, it is claimed that a body can be reduced to ashes in the crematory at Milan, Italy, at an actual cost of one dollar and sixty cents. It is heated with gas, and the jets may be modified, increased or placed at will.

In the Gardiner Earl Crematory at Troy, New York, a beautiful structure, and the Buffalo crematory, this form of furnace with several modifications was adopted. In these the flame, concentrated from several powerful gas burners, meet and circulate through the retort, the same beautiful rosy white light. From the fact that the flame directly enters the retort we can readily see that much less time and less fuel is required for heating than when the heat has to pass through a solid wall into the chamber. In all crematories a return pipe from the retort to the fire-box or gas chamber is arranged to carry all gasses thrown off from the body through the fire again to be purified before being allowed to pass into the air. Nothing suggestive of burning, I am told, exists about the retort during an incineration.

In the crematory which I visited a year ago at Loudon Park, Maryland, a suburb cemetery of Baltimore, the furnace is of the Siemens type, It was not my privilege to witness an incineration much as I should have been interested in it. Several boxes of the ashes of those cremated were shown me, however, and were interesting as showing what remained after a cremation.

Crematory regulations require that a day's notice of an assignment of a body for cremation shall be given ; that it

shall be sent in charge of an accredited member or delegate of the family of the deceased; that the body shall be clad in light garments, enclosed in a plain, light pine casket without metal trimmings. But two persons are permitted within the cremating chamber during an incineration, except occasionally by express request of the family of the deceased. Once the body is placed in the retort the door is not opened until the alloted time has arrived for the process to be completed, usually in an hour or a little more.

One happy provision of those who have worked to perfect the process is that of covering the body with a winding-sheet of asbestos or a common sheet soaked in strong alum water. It not only serves to soften the first touch of the heat, but by retaining its form throughout the process, it permits no sight of the gradual dissipation going on.

This method of disposal of the dead is rapidly growing in favor among scientific and learned men, and I am surprised daily at the interest in and acceptance of the idea which is evinced by the people generally. They are ready for it; more so, apparently, than for many a finally successful reform movement. In this paper, voluminous I know I have made it, I have put my meed of strength to help on the cause. That it may prosper till every state in our broad land has at least one of these health promoting societies with its accompanying crematorium, and the more thickly populated several, in my most sincere desire.

DISCUSSION UPON SOME PROCEDURES IN OBSTETRIC PRACTICE.

Dr. Boothby:—If you have just a few moments to spend I will say a few words. There was consideral discussion at the World's Congress, on laceration of the perineum and the time for repairing it, and the unanimous opinion was that the operation should be made almost immediately, *i. e.* at the time the laceration occurs. In order to be successful you must do the operation thoroughly. I should recommend you to use a good deal of hot water before operating, pouring it over the parts from a pitcher so it will run on all the parts for some little time. You will find the congestion which has taken place, not from the labor but from the tear will subside, and the parts will become more natural after that treatment. Then I would advise you to trim off the ragged tissues and leave a pretty clean, healthy surface, and then you want to bring it thoroughly together. I use a silk worm gut, you can cleanse it better than you can silk. You can carry it in your pocket with less likelihood of its being septic than silk. After taking a number of stitches with this silk worm gut, you leave them in twelve or fifteen days. I very seldom take them out within twelve or fifteen days. I think in these cases you will do much better for your patient in that way. You want a long, curved needle to do that with, to do it nicely. Everybody has cases of laceration of that kind and you have got to do them yourselves; you can't get anybody else and in that way you must do them. If you choose you can use some antiseptic. If it has been a comparatively normal labor

and there is not much liklihood of having a septic condition it is not necessary. Pour over hot water, holding the parts so it can run right off, putting your patient on the edge of the bed with an attendant to hold each limb. If you havn't a piece of oil-cloth you can conduct the water into a basin at the side of the bed. Use the water very freely. After you have sewed it up be careful to keep the parts well cleansed. Where you have the parts to protect you don't need much dressing. Only a little absorbent cotton, saturated with a week antiseptic solution to protect the surfaces brought together from the secretion that oozes from above. That dressing has got to be changed pretty often and in putting it in if the nurse is not very careful she will do more harm than good, and I question if it is not best to leave it after two or three dressings, and when you commence your injections wash it the best you can in that way. The general opinion is that in nine cases out of ten you may get pretty good results. If the patient is weak you will have to carry your operation over till a later day; or if the patient is much debilitated by loss of blood, it is quite as well to submit your patient to an operation for the relief of ruptured perineum as to leave that absorbent surface to the danger of infection. That is my opinion, and it is the general opinion, I think. It was the opinion expressed at the Institute.

Query. What do you use as an anæsthetic?

Dr. Boothby:—Ether altogether. Though I made a perineal operation for my neighbor in Brookline, Dr. Percy, the patient submitting to a very careful washing, trimming off and stitching, the needle being passed in fifteen times or more without any anæsthetic at all. The

parts were numb from the pressure and injury they had received. Yet I would not do that unless the patient really preferred that way.

Query. After a labor of that sort how soon would you put the baby to the breast?

Ans. Just about the same time as under ordinary circumstances.

Query. Where you have used an anæsthetic?

Ans. It does not very often affect the baby much of any; you don't want to sacrifice the mother, you want the breast drawn at the proper time. I should not be a very good one to advise you as to the management of the baby, while I do try to keep up in the surgical part of the matter.

Dr. Hanscom:—A case I attended recently the child weighed 10½ pounds. The patient was sick but a short time and I held the head back as long as I could. Afterward I made an examination and found there was a very large laceration on the posterior wall of the vagina. The outside parts did not tear at all. I etherized the patient about two hours after the birth, trimmed away the edges and sewed up the lacerated part. When I last saw the patient she was doing well. I mention this case because the outside did not tear at all and the inside was torn very deeply.

Dr. Boothby:—I think a great many physicians don't examine as carefully as they should. A good many cases come up where we find these old scars along the side of the vagina. You see unless you had made quite a careful examination you would not have detected this case.

Dr. Whidden:—It does not seem to me that Dr. Boothby made quite plain the method of applying these stitches.

They seemed to be applied to the external surface alone. As I understand it the sutures should be used on the vaginal surface as well as the skin.

Dr. Boothby :—I use a buried suture, for some tears go almost through the mucous membrane to the outside. I would take two or three stitches on the inside and two or three on the outside. Do them along together so that the parts are all pressed together by the stitches. Then there would be no space on the inside for the matter which would become later on septic. They may wrinkle up a little, but you don't want to take the stitches very far away so as to make folds. You want to be very particular. It is a more difficult stitch to take than any other. If you get more than ⅛ of an inch away from the edge you become irregular and it does not heal well.

Dr. Perkins:—I wish to report a most interesting case I had last October. I had a patient who was taken in labor in the evening and made good progress till the next forenoon when I began to fear convulsions. The pupils became dilated and the face flushed. I gave her the indicated remedy which was Belladonna. She progressed favorably with every prospect that she would be delivered in a short time. The birth canal was entered and I feared laceration if I used the instruments. Between eleven and twelve o'clock she was very near the end of her confinement, a few more pains would have brought the child into the world, when she went into an extremely bad convulsion. Then I was compelled to use the instruments which produced a slight laceration. I repaired the laceration at once, but she continued to have convulsions in quite a severe form for several hours. She made an excellent recovery for all that. The point is, should I have

been justified in using ether before there were convulsions? Should I have been justified in administering ether and using the instruments with the risk of producing laceration of the perineum?

Dr. Whidden:—It seems to me it would be quite advisable to use the instruments under these conditions even if there was laceration. It is important under such circumstances to deliver as soon as possible. Early use of an anæsthetic and instruments would have been powerful factors in preventing convulsions.

Dr. Harvey:—In connection with this subject I will state in several instances where I have had to deal with nervous patients when they have the symptoms of convulsions, I have prevented convulsions by giving ether. I have done that several times and think I have prevented convulsions. I will relate a case here which by my treatment I saved, but I thought if I reported it here among experienced physicians I might get a better method of treatment, should I ever have another case like it. I had occasion to attend a case of childbirth in a woman I had never seen before. She was about twenty-five years old. When I arrived I found she was in labor. The process was somewhat retarded and as a result we had a still-born child. Whether or not it could have been resuscitated I don't know. The moment the child was born the mother went into convulsions. The convulsions were very severe. I began to give the remedies at once as indicated. The convulsions still continued, following one another quite rapidly. I gave choloroform, which did not do any good. They kept coming. I began to think I had got a case for the undertaker. I expressed myself doubtful in regard to the matter to the friends. As a last

resort I gave a hypodermic injection of morphine, one grain, and from that time there was never a convulsion. The convulsions did not return at all. The patient made a good recovery and is well now. Immediately after the convulsions ceased, I put her on a treatment of arsen. 3x and in the course of twenty-four or thirty hours I found she was passing urine freely. If I could have done better in that case I want to know it.

Dr. Whidden:—Did you say you gave one grain of morphia?

Dr. Boothby:—I believe in that case all the effect the morphine had was to lessen the woman's senses, for if morphine has any action it tends to retard the secretion.

Dr. Harvey:—Wouldn't the morphine tend to have a sedative effect upon the nerves and in that way prevent convulsions?

Dr. Boothby:—Not if the convulsions were caused by secretions not being carried off.

What I should consider better treatment is to put the patient right into hot baths and let her sweat it out. In one of the very few cases of my own friends I have assisted in the last year, I believe the hot water bath brought her out. I completely striped her, laid her on a kind of a couch that could be handled, wrapped her in a wet sheet and put around her hot water bags, comfortables and other things to induce perspiration. She came out of it after a number of hours. It seemed to be a very hopeless case. Dr. Wesselhoeft, Professor of Obstetrics, who was present, said if he dared to do it he would suggest that. I said "if you will suggest it I will back you up and carry it out, it is what I want to do." But I did not quite want to do it without his indorsement. We brought

our patient out, and you brought your patient out in your way. It is possible that an extremely large dose of morphine that would be absolutely dangerous under other conditions would be beneficial in a case like that; but I never would give a dose of medicine in sickness that would be likely to kill them if well. A grain of morphine would be almost a dangerous dose, and hyperdermically it would act twice as powerfully; that is the estimation, and it would make a very troublesome case if anything came up afterward. If there was any trouble about it you could not defend yourself.

Dr. Whidden:—In reference to an anæsthethic in labor, it has been my practice to use chloroform instead of ether. Not in all cases, but in cases where the patient is getting tired; especially those of a nervous temperament. Chloroform given during pain, just enough to bring ease to the patient as the pains come on, has resulted in very great relief and it is sufficient to relieve the nervous symptoms and keep off convulsions. Perhaps not uræmic convulsions alone, we have convulsions from other causes as well. Some object to chloroform because they say it is a dangerous remedy to use, though used in that way it is not liable to be given in large enough doses to do harm. The oncoming pains will counteract the effect of the chloroform, and if it is not given in quantity suddenly it is not such a dangerous remedy to use. I have liked it better than ether because it can be given in intermittent doses and still help the patient along. I don't think you can give ether in that way so well.

Dr. Boothby:—Didn't you say, Dr. Harvey, that you you used ether in that way.

Dr. Harvey:—Yes, in some cases where there was a

very nervous patient and she exhibited symptoms of convulsions.

Dr. Whidden:—In case of diseased kidneys wouldn't ether be very likely to do damage; isn't it a little safer to use chloroform than ether?

Dr. Harvey:—I think Dr. Whidden is laboring under a slight mistake; I spoke of using ether when I expected to operate, in this particular case I used chloroform.

Dr. Boothby:—I understand the convulsions did not come on until after the child was born. I use it during the process of confinement.

Dr. Harvey:—There was not the slightest evidence that there would be anything of a convulsive nature until it came all at once.

Dr. Whidden:—When there is a tendency to convulsions, I have used chloroform rather than ether. I think, in using them for the purpose of increasing the patient's courage, the chloroform works much better than the ether. The ether to be effective must be given in doses that will stop the pains. Small quantities of chloroform give the patient comfort, do not stop the pains, and do not injure the kidneys. I have given up ether almost entirely in all obstetrics.

Dr. Harvey:—You are more likely to get vomiting?

Ans. Not a bit.

Dr. Heald:—Within ten years morphine was considered inadmissible in any uræmic trouble. Within the last few years it has been discovered that morphine used hyperdermically is a preventative of uræmic convulsions. It is admitted that morphine is one of the best things to use in case of uræmic convulsions.

Dr. Boothby:—It would be in the same line as what I

said about ether and there is scarcely more vomiting. I have sat day after day, week after week where chloroform was given to half a dozen patients every day. I have had a chance to see the action of chloroform and I have watched the action of ether. I would use something better than ether if I could, but it is not in chloroform. Now I have used ether in small quantities, I have put it on when the pains would come on and take it away, it would act very pleasantly, just as the Doctor said chloroform did. There is a report in regard to using bromides in large doses in that way. It certainly would not be better to use bromides. The ether and chloroform are more transient, and are more desirable for convulsions than anything else.

Dr. Perkins:—My experience has been exactly as Dr. Boothby relates; for a little while pains are suspended, but they very soon resume with more force and the birth is not retarded. The patient gets along better and faster by using ether.

Dr. Whidden:—If one man gets in the habit of using ether that is better for him than chloroform, and if he uses chloroform that is better than ether for him. It is a relative matter, each man thinks he likes his remedy better than the other.

TREASURER'S ACCOUNT.

THE MAINE HOMŒOPATHIC MEDICAL SOCIETY IN ACCOUNT WITH SOLON ABBOTT, TREASURER.

Debits.

To cash on hand last year's audited account - -	$318.09
Dec. 1. Dividend Kennebec Savings Bank - - -	6.00
Collected during the year - - - - - - -	138.00
	$462.09

Credits.

By J. C. Gannett's bill supplies, etc. - - - - -	$ 24 42
William W. Ruby (Diamond Island dinner) - -	29.00
D. C. Perkins (copies Registration Bill) - - -	3 00
Dec. 1. Brown Thurston Co., Transactions, - -	129 60
Expenses of Treasurer's office, - - - - - -	2 55
Cash in Savings Bank - - - - - - - - -	263.89
Cash on hand - - - - - - - - - - -	9 63
	$462.09

BIDDEFORD, June 19, 1893.

June 20, 1893.

We, the Auditing Committee, have examined the above account and find it correct.

H. C. BRADFORD,
J. W. WHIDDEN,
R. H. PULSIFER,

AUGUSTA, ME.

LIST OF MEMBERS JUNE 20, 1893.

* Deceased. † Left the state. ‡ Dropped. § Withdrawn.
The figures placed before names indicate the date of membership.

1886 Abbott, Edward S., M. D. ..... Bridgton
1888 Abbott, Solon, M. D. ..... Biddeford
1872 * Babcook, John L., M. D. ..... Hallowell
1867 * Barrows, John H., M. D. ..... Gardiner
1867 † Bell, James B., M. D. ..... Augusta
1867 ‡ Blaisdell, J. M., M. D. ..... Bangor
1867 § Boynton, Sumner H., M. D. ..... Rockland
1892 Bowman, A. D., M. D. ..... Lewiston
1867 Bradford, Herbert C., M. D. ..... Lewiston
1867 * Bradford, Richmond, M. D. ..... Auburn
1885 Briry, Edward E., M. D. ..... Bath
1867 Briry, Milton S., M. D. ..... Bath
1885 †Brooks, Caroline F., M. D. ..... Augusta
1867 * Burr, Charles H., M. D. ..... Portland
1876 † Calderwood, Samuel, M. D. ..... Waldoboro
1884 Chase, Lyman, M. D. ..... Kennebunkport
1867 *Clark, Eliphalet, M. D. ..... Portland
1871 Clark, George A., M. D. ..... Portland
1867 * Clark, George R., M. D. ..... Portland
1887 Cleveland, W. F., M. D. ..... Eastport
1867 Cochran, Charles A., M. D. ..... Winthrop
1891 Cole, Charles R., M. D. ..... Rockland
1876 † Dillingham, Thomas M., M. D. ..... Augusta
1867 * Dodge, Moses, M. D. ..... Portland
1875 ‡ Dodge, Rudolph L., M. D. ..... Portland
1872 § Drake, Olin M., M. D. ..... Ellsworth
1886 Drake, Thomas N., M. D. ..... Pittsfield
1867 ‡ Dresser, B. L., M. D. ..... Machias
1892 Durgin, Edwin H., M. D. ..... Searsport
1887 Dwinell, Maurice K., M. D. ..... Waterville

1867 * Eaton, Hosea B., M. D. ..... Rockport
1887 ‡ Eaton, Hosea B. jr., M. D. ..... Rockport
1880 Emery, J. T. G., M. D. ..... South Waterboro
1867 † Esten, John, M. D. ..... Rockland
1878 Fellows, William E., M. D. ..... Bangor
1867 Flanders, David P., M. D. ..... Belfast
1871 Foss, Charles M., M. D. ..... Dexter
1867 * Gallupe, William, M. D. ..... Bangor
1873 Gannett, James C., M. D. ..... Yarmouth
1892 Graves, Roscoe L., M. D. ..... Saco
1867 Graves, S P., M. D. ..... Saco
1882 Gushee, Frank A., M. D. ..... Appleton
1879 Haines, William M., M. D. ..... Ellsworth
1868 ‡ Hall, Ivory S., M. D. ..... Hallowell
1888 † Hallowell, Henry C., M. D. ..... Auburn
1890 Hanscom, W. V., M. D., ... Rockland
1881 Harvey, Austin I., M. D. ..... Newport
1889 Harvey, Albion K. P., M. D. ..... Lewiston
1880 † Harvey, W. E., M. D. ..... North Anson
1890 † Haynes, M. H., M. D. ..... Waterville
1886 Heald, Albion P., M. D. ..... Thomaston
1884 Heath, Gertrude E., M. D. ..... Gardiner
1892 Hill, W. Scott, M. D. ..... Augusta
1867 † Hincks, E. F., M. D. ..... Thomaston
1881 Holmes, Manuel S., M. D. ..... Oakland
1880 * Howe, W. S., M. D. ..... Lewiston
1867 Jefferds, George P., M. D. ..... Bangor
1887 † Jefferds, Henry C., M. D. ..... Bangor
1892 Jewell, L. C., M. D. ..... Cape Elizabeth
1886 Johnson, Cora M., M. D. ..... Skowhegan
1883 † Judkins, C. W., M. D. ..... Hartland
1888 ‡ Kalbfleisch, Emma, M. D. ..... Portland
1888 King, James M., M. D. ..... Damariscotta
1878 † Kimball, L. Houghton, M. D ..... Bath
1875 † Knowles, W. K., M. D. ..... Bangor
1887 Knox, J. H., M. D. ..... Waterville
1880 † Laird, William T., M. D. ..... Augusta

1878 Lyford, F. O., M. D. ..... Farmington
1881 † McIntosh, Frank L., M. D. ..... Augusta
1889 Merrill, E. Delmont, M. D. ..... Dover
1868 † Morrill, G. H., M. D. ..... Augusta
1890 Morrison, C. C., M. D. ..... Bar Harbor
1891 Ohler, Anna G. C., M. D. ..... Portland
1881 ‡ Palmer, John T., M. D. ..... Portland
1892 Parsons, Arthur L., M. D. ..... Bucksport
1867 † Payne, Frederick W., M. D. ..... Bath
1867 * Payne, William E., M. D. ..... Bath
1874 Perkins, D. C., M. D. ..... Rockland
1876 Perkins, Wesley B., M. D. ..... Malden, Mass
1886 Philbrick, C. S., M. D. ..... East Corinth
1881 * Pickard, Adoniram J., M. D. ..... Carmel
1881 Pingree, Malcom C., M. D. ..... Portland
1876 Piper, A. F., M. D. ..... Rockport
1879 Potter, Huldah M., M. D. ..... Gardiner
1887 Prilay, John M., M. D. ..... Bangor
1867 * Pulsifer, Moses, M. D. ..... Ellsworth
1867 Pulsifer, N. G. H., M. D. ..... Waterville
1891 Pulsifer, Ralph H., M. D. ..... Skowhegan
1872 † Pulsifer, Thomas B., M. D. ..... Ellsworth
1887 Pulsifer, William M., M. D. ..... Skowhegan
1887 Ramsay, A. D., M. D. ..... Montville
1873 Richards, David S., M. D. ..... Richmond
1871 † Robinson, J. Blake, M. D. ..... Gardiner
1867 * Roberts, Francis A., M. D. ..... Waterville
1867 Savage, James W., M. D. ..... Bath
1881 ‡ Sewall, Samuel G., M. D. ..... Skowhegan
1867 Seymour, D. E., M. D. ..... Calais
1867 Shackford, Rufus, M. D. ..... Portland
1876 Shepard, W. F., M. D. ..... Bangor
1874 § Skinner, David N., M. D. ..... Auburn
1879 Stevens, Mary W. B., M. D. ..... Auburn
1882 Stilson, W. C., M. D. ..... Bucksport
1876 § Sylvester, Silas E., M. D. ..... Portland
1867 * Thompson, Greenfield P., M. D. ..... Yarmouth

1867 Thompson, William L., M. D. ..... Augusta
1879 Thompson, Will S., M. D. ..... Hallowell
1880 † Turner, T. C., M. D. ..... Norway
1876 Vose, Edwin F, M. D. ..... Portland
1874 * Watters, Henry, M. D. ..... Mechanic Falls
1872 Watters, William, M. D. ..... Lynn, Mass
1881 Whidden, John W., M. D. ..... Portland
1880 Whiting, Walter B., M. D. ..... Malden, Mass
1867 * Wiggin. Nathan, M. D. ..... Rockland
1885 Williams, Nancy T., M. D. ..... Augusta
1867 * Williams, R. R., M. D. ..... Gardiner
1879 Woodbury, B. C., M. D. ..... Patten
1874 * Wright, W. S., M. D. ..... Skowhegan

ELECTED TO MEMBERSHIP, 1893.

Ayers, Belle Sheppard, M.D., ... Rockland
Esmond, Henry B., M.D., ... Houlton
Paul, C. Almon, M.D., ... Solon

HONORARY MEMBERS.

1893 Boothby, Alonzo, M.D., ... Boston, Mass.
1867 Cate, S. M., M.D., ... Harvard, Mass.
1871 Drake, J. W., M.D., ... Dover, N. H.
1871 Farnsworth, C. H., M.D., ... East Cambridge, Mass.
1871 *Gale, S. M., M.D., ... Newburyport, Mass.
1892 Sherman, J. H., M.D., ... East Boston, Mass.
1867 Whiting, D., M.D., ... Shirley, Mass.

ACTUAL MEMBERSHIP, JUNE 20, 1893.

Abbott, Edward S., M.D., ... Bridgton
Abbott, Solon, M.D., ... Biddeford
Ayers, Belle Sheppard, M.D., ... Rockland
Bowman, A. D., M.D., ... Lewiston
Bradford, Herbert C., M.D., ... Lewiston
Briry, Edward E., M.D., ... Bath
Briry, Milton S., M.D., ... Bath
Chase, Lyman, M.D., ... Kennebunkport
Clark, George A., M.D., ... Portland
Cleaveland, W. F., M.D., ... Eastport
Cochran, Charles A., M.D., ... Winthrop
Cole, Charles R., M.D., ... Rockland
Drake, Thomas N., M.D., ... Pittsfield
Durgin, Edwin H., M.D., ... Searsport
Dwinell, Maurice K., M.D., ... Waterville
Emery, J. T. G., M.D., ... South Waterboro
Esmond, Henry B., M.D., ... Houlton
Fellows, William E., M.D., ... Bangor
Flanders, David P., M.D., ... Belfast
Foss, Charles M., M.D., ... Dexter
Gannett, James C., M.D., ... Yarmouth
Graves, Roscoe S., M.D., ... Saco
Graves, S. P., M.D., ... Saco
Gushee, Frank A., M.D., ... Appleton
Haines, William M., M.D., ... Ellsworth
Hanscom, W. V., M.D., ... Rockland
Harvey, Austin I., M.D., ... Newport
Harvey, Albion K. P., M.D., ... Lewiston
Heald, Albion P., M.D., ... Thomaston
Heath, Gertrude E., M.D., ... Gardiner
Hill, W. Scott, M.D., ... Augusta
Holmes, Manuel S., M.D., ... Oakland

Jefferds, George P., M.D., ... Bangor
Jewell, L. C., M.D., ... Cape Elizabeth
Johnson, Cora M., M.D., ... Skowhegan
King, James M., M.D., ... Damariscotta
Knox, J. H., M.D., ... Waterville
Lyford, F. O., M.D., ... Farmington
Merrill, E. Delmont, M.D., ... Dover
Morrison, C. C., M.D., ... Bar Harbor
Ohler, Anna G. C., M.D., ... Portland
Parsons, Arthur L., M.D., ... Bucksport
Perkins, D. C., M.D., ... Rockland
Paul, Almon C., M.D., ... Solon
Perkins, Wesley B., M.D., ... Malden, Mass.
Philbrick, C. S., M.D., ... East Corinth
Pingree, Malcolm C., M.D., ... Portland
Piper, A. F., M.D., ... Rockport
Potter, Huldah M., M.D., ... Gardiner
Prilay, John M., M.D., ... Bangor
Pulsifer, Nathan G. H., M.D., ... Waterville
Pulsifer, Ralph H., M.D., ... Skowhegan
Pulsifer, William M., M.D., ... Skowhegan
Ramsay, A. D., M.D., ... Montville
Richards, David S., M.D., ... Richmond
Savage, James W., M.D., ... Bath
Seymour, D. E., M.D., ... Calais
Shackford, Rufus, M.D., ... Portland
Shepard, W. F., M.D., ... Bangor
Stevens, Mary W. B., M.D., ... Auburn
Stilson, W. C., M.D., ... Bucksport
Thompson, William L., M.D., ... Angusta
Thompson, Will S., M.D., ... Hallowell
Vose, Edwin F., M.D., ... Portland
Watters, William, M.D., ... Lynn, Mass.
Whidden, John W., M.D., ... Portland
Whiting, Walter B., M.D., ... Malden, Mass.
Williams, Nancy T., M.D., ... Augusta
Woodbury, B. C., M.D., ... Patten

CONSTITUTION

AND

BY-LAWS.

ACT OF INCORPORATION.

STATE OF MAINE.

In the Year of our Lord one thousand eight hundred and sixty-seven.

AN ACT to incorporate the MAINE HOMŒOPATHIC MEDICAL SOCIETY.

Be it enacted by the Senate and House of Representatives in Legislature assembled as follows:—

SECTION 1. W. E. Payne, M. R. Pulsifer, E. Clark, H. B. Eaton, C. H. Burr, W. L. Thompson, N. G. H. Pulsifer, J. M. Blaisdell, J. Esten, M. S. Briry, Geo. R Clark, B. L. Dresser, N. Wiggin, J. H. Barrows, J. W. Savage, S. H. Boynton, F. A. Roberts, and James B. Bell, and others who may be elected agreeably to the rules and by-laws hereafter to be established, are hereby created a body politic, by the name of the Maine Homœopathic Medical Society, with power to sue and be sued, to have a common seal, and to change the same, to make any by-laws not repugnant to the laws of this State.

[Approved by the Governor.]

CALL ISSUED

FOR A

Maine Homœopathic Medical Society.

To.....*M. D.*

MY DEAR COLLEAGUE:—I am directed by a vote of the Central Homœopathic Medical Association of Maine to issue a call to the several members of our School throughout the state, to meet in convention at the City Council Room, Augusta, the 3d TUESDAY of January, proximo, at 10 o'clock A.M., for the purpose of organizing a State Society.

The interests of Homœopathy in this state seem to demand an organization of this kind, and the general sentiment of the profession favors the present time. It is to be hoped, therefore, that nothing but necessity will keep you away from the proposed meeting.

It is proposed to hold an adjourned meeting of the CENTRAL HOMŒOPATHIC MEDICAL ASSOCIATION OF MAINE at the same place, immediately after the state organization is effected, in the deliberations of which you are hereby invited to take an active part. Please favor me with an early reply.

Fraternally yours, WM. E. PAYNE,
Pres. Me. Cen. Hom. Assoc.

BATH, Dec. 24, 1866.

Pursuant to the foregoing call there was holden at Augusta, in the City Council Room, on the 15th day of

January, 1867, a meeting composed of the following members of the Homœopathic profession of Maine, viz.:—

WM. E. PAYNE, Bath,	M. R. PULSIFER, Ellsworth,
CHAS. H. BURR, Portland,	M. S. BRIRY, Bath,
JAS. W. SAVAGE, Wiscasset,	NATHAN WIGGIN, Rockland,
JOHN ESTEN, Rockland,	GEO. R. CLARK, Portland,
JAS B. BELL, Augusta,	WM. L. THOMPSON, Augusta,
S. H. BOYNTON, Skowhegan,	H. B. EATON, Rockport,
F. A. ROBERTS, No. Vassalboro,	J. H. BARROWS, Gardiner,
B. L. DRESSER, Searsport,	J. M BLAISDELL, Bangor,

N. G. H. PULSIFER, Waterville.

The convention was called to order by Dr. N. G. H. Pulsifer of Waterville, and Dr. M. R. Pulsifer of Ellsworth was chosen by the convention temporary chairman, and Dr. James B. Bell temporary secretary.

Prayer was offered by the Rev. D. B. Randall of Augusta, for which the convention passed him a vote of thanks.

Drs. Thompson, Burr, Eaton, Esten, and Blaisdell were appointed a committee by the chair to nominate permanent officers.

Drs. Payne, Bell, Burr, Dresser and Boynton were appointed a committee to report a constitution and by-laws to the convention.

The committee made a report of the following constitution and by-laws which were adopted by the convention.

CONSTITUTION

OF THE

Maine Homœopathic Medical Society.

ARTICLE I.—Name.

This Association shall be known by the name of the MAINE HOMŒOPATHIC MEDICAL SOCIETY.

ARTICLE II.—Object.

The object of this Society shall be the cultivation of the science and art of medicine, the promotion of friendly intercourse between its members, and of greater harmony of action among them.

ARTICLE III.—Members.

This Society shall consist of those physicians who may become members at this organization, and also all those Homœopathic physicians of the state of Maine who may be hereafter duly elected in conformity with its by-laws.

ARTICLE IV.—Officers.

The officers of this Society shall consist of a president, two vice-presidents, a corresponding secretary, a recording secretary and a treasurer, with such other officers as may be designated by the by-laws, to be chosen at such a time and in such a manner, and for such a period, and with such duties as those by-laws shall ordain.

ARTICLE V.—Seal.

The Society shall have and use one common seal, with such a device and inscription as the Society in its deliberative capacity shall determine.

ARTICLE VI.—Alteration or Amendment.

This constitution may be altered or amended by a vote of two thirds of all the members present at any regular annual meeting, provided that notice of such alteration or amendment shall have been given in writing, at a previous annual meeting of this Society.

BY-LAWS.

I. The Maine Homœopathic Medical Society shall hold one session annually, at such time and place as may be determined upon by the Society from time to time, and a special meeting of the Society shall be called by the president whenever eight members shall make a written request, setting forth therein the object of said meeting, which object shall be stated in the notice sent out to the members, and no other business shall be transacted at such special meeting than that embraced in the call and notice, as issued to the several members.

(Addenda, May, 1871.) Insert instead of "eight members shall make a written request," "it shall in his judgment be deemed advisable."

II. The officers of this Society shall be a president, two vice-presidents, a corresponding secretary, a recording secretary, a treasurer, and five censors, who together shall constitute an executive committee, to whom shall be entrusted the general business of the Society, when not in session, and shall be elected annually by ballot, and a majority of all the votes shall be necessary to a choice, and each of the officers above named shall continue in office till the adjournment of the annual meeting next after their election, at which time the duties of the newly elected officers shall commence. The general duties of the officers shall be as herein prescribed.

III. The president shall preside at all meetings of the

Society and of the executive committee, taking the chair at the appointed hour—call the members to order, cause the roll of membership to be called, and so much of the journal of preceeding meeting to be read as relates to unfinished business. He shall preserve order and conduct the business of the meeting according to accepted parliamentary rules. He shall deliver an address before the Society at the commencement of the next annual meeting after his election. He shall appoint all committees not otherwise ordered, and direct the recording secretary to call extra meetings when required, as provided by the first section of the by-laws.

IV. The vice presidents shall preside in the absence of the president, and in case the office of president shall become vacant, they shall perform the duties of that office until the next succeeding election, the senior officer taking the precedence. In the absence of both president and vice presidents the senior censor shall preside, or should all those officers be absent the Society may choose a chairman to preside at said meeting.

V. The corresponding secretary shall have charge and custody of all letters and communications addressed to the Society, conduct the necessary correspondence, and in the absence of the recording secretary he shall discharge the duties devolving upon that officer.

VI. It shall be the duty of the recording secretary to give proper and timely notice of the meetings; keep a record of all the proceedings of the Society; notify members of their election; sign, in conjunction with the president, certificates of membership and diplomas, record the names of members, date of admission, and other re-

quired particulars; preserve all papers delivered to him and allow none at any time to pass out of his hands except by the direction of the Society; he shall notify the chairman of all committees appointed by the Society of his appointment, stating the commission and the names of the committee, and at the close of his term of office he shall deliver the records and other papers belonging to the Society into the hands of his successors in office.

VII. It shall be the duty of the treasurer to receive and keep all moneys belonging to the Society, and pay all bills after they shall have been approved by the executive committee. He shall keep an accurate account of all receipts and expenditures, and submit his account with vouchers for all expenditures at each annual meeting, which account shall be audited by a committee on the treasurer's account, chosen by the Society.

VIII. It shall be the duty of the censors to receive and examine the credentials of all applicants for membership, and report to the Society for election of all such persons as may be found properly qualified according to the requirements of the by-laws. (Addenda, May, 1876). And the censors shall report to the Society the Medical College, and date of graduation of each successful applicant from which he received his diploma, which shall be recorded by the secretary if admitted to membership. The censors shall be in session at each annual meeting, three of whom shall constitute a quorum.

IX. Any person shall be eligible to membership who has received the degree of Doctor of Medicine from a legally authorized medical institution, sustains a good moral character, and acknowledges and practices medi-

cine according to the law *Similia Similibus Curantur*, and having been examined and approved by the board of censors he shall be elected by ballot at the annual meeting, and become a member of the Society by signing the by-laws, and paying into the treasury the sum of two dollars as an admission fee.

(Addenda, May, 1868.) And one dollar as an annual tax at each annual session for the current year in advance.

(Addenda, June, 1884.) Any person who may be proposed for membership in this Society, and reported upon by the Board of Censors, shall be balloted for in open convention and declared elected, provided not more than three black balls appear against him or her.

(Amendment, June, 1890.) That the word one in addenda to by-law IX be changed to the word two, the change to run from June, 1892, thus making the annual tax two dollars instead of one from that date.

X. It shall be the duty of each member of the Society to make a written or verbal communication at every annual meeting, having a practical bearing on the interests of Homœopathy, and to make every reasonable effort to attend punctually all the meetings of the Society, and assist in making them useful and interesting.

XI. Any member of this Society shall forfeit his membership and be expelled therefrom by a vote of two-thirds of the members present at any regular meeting, on the substantiation of either of the following charges, provided he shall have had due notice through or by direction of the executive committee, of the charges preferred, and the time and place where such charges are to be investigated, and thereby had opportunity afforded him to appear before the Society and speak in his own defense:

First. For any gross immorality, habitual intemperance, or the perpetration of any crime against the laws of the country, and the abetting thereof.

Second. For any attempt to subvert the object or injure the reputation and standing of this Society, or any member thereof.

Third. For an attempt to enhance his individual interests, and injure scientific medicine by advertising, vending, or pretending to a knowledge and use of any secret nostrums.

Fourth. For making a false representation either in his own behalf or that of any student of medicine, or any aspirant to membership of this Society, thereby attempting to secure undeservedly positions of eminence by professional indorsements.

Fifth. For habitually holding professional consultations with persons who practice medicine without the professional acquirements necessary to entitle them to the confidence of the members of the Society.

Sixth. (Addenda, May, 1872.) By refusing or neglecting to pay the annual tax or assessment of one dollar for three years, unless excused by vote of the Society.

XII. There shall be chosen by ballot at each annual meeting two delegates to represent this Society in the next succeeding meeting of the American Institute of Homœopathy, and such delegates shall be furnished with certificates ef their election by the recording secretary.

(Addenda, June, 1884.) The word two in by-law XII be striken out and the word four inserted in its place.

Two delegates shall be chosen to represent this Society in the next succeeding meeting of each Homœopathic Society in New England.

XIII. All papers read before, and communications addressed to this Society, shall become its property, but no paper shall be published as a part of the transactions except by a vote of the Society; nor shall the reception or publication by this Society or any paper be considered as an endorsement of its sentiments.

XIV. The presiding officer shall preserve order in the meetings of the Society according to parliamentary rules. The following shall be the order of the business:

First. Calling the roll of members.

Second. Annual address by the president.

Third. Reading so much of the minutes of the last meeting as relates to unfinished business, or matters referred to the next meeting.

Fourth. Appointment of committees on treasurer's account.

Fifth. Report of treasurer, with vouchers of expenditures.

Sixth. Report of committees appointed at the last meeting.

Seventh. Balloting for new members.

Eighth. Reading of papers and miscellaneous business.

Ninth. Informal conversation on scientific subjects.

Tenth. Choice of officers for the ensuing year.

Eleventh. Choice of delegates to American Institute of Homœopathy.

Twelfth. Reading the minutes for correction and approval.

Thirteenth. Time and place of next meeting, and committee of arrangements.

Fourteenth. Adjournment.

The above order may be varied or suspended for the

time, by common consent, or by a vote of two-thirds of the members present.

XV. The established fee bill of physicians in the vicinity of members of this Society shall govern their charges for services, but may be reduced from inability to pay the regular fee. But it shall be considered dishonorable to diminish the standard fees with a view to mercenary competition, but gratuitous services to the poor are always commendable.

XVI. The seal shall be affixed to all official documents of the Society. One seal shall be kept by the president, and another by the recording secretary.

XVII. These by-laws may be altered or amended by a vote of a majority of the members present, at any annual meeting of the Society,

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4/10/91

J. HÖLZER
BINDER

116191

J. HOLZER
BINDER
BOSTON, MASS.

116191

J. HOLZER
BINDER
BOSTON

116191

U.HOLZER BINDER

416191

L.HOLZER
BINDER
BOSTON, MASS.

HOLZER
BINDER
BOSTON, MASS.